Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Nick Berryhill	M M / D D / Y Y Y Y
Mailing Address 905 Lake Drive	10 31 2014 Amount
City State Zip Code	100.00
Shelby NC 28152	Transaction ID: 4e0d911e-65d8-4364-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 31 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee Nick Berryhill	Date of Public Distribution/Dissemination
Mailing Address 905 Lake Drive	10 31 2014
Mailing Address 905 Lake Drive	Amount
City State Zip Code	5.10
Shelby NC 28152	Transaction ID: d2717aa5-2def-4a73-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 31 Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	105.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date	1 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
П	Full Name of Payee	Date of Public Distribution/Dissemination
	James Kindstedt	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 5510 Dogwood Dr	Amount
	City State Zip Code	18.70
	Winston Salem NC 27105	Transaction ID : af85aebe-4b7e-4db5-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	M 10 / 31 / Y 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
	Full Name of Payee  James Kindstedt	Date of Public Distribution/Dissemination
	Mailing Address 5510 Dogwood Dr	10 31 2014 Amount
	City State Zip Code	7.23
	Winston Salem NC 27105	Transaction ID: 1194c0c2-0376-4ad9-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 31 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: ☐ Primary ☐ General ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	25.93
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 02 2014
	Signature	

PAGE

OF

Schedule E)	INI EXI END	HONES	PAGE 3 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	X New rep	oort Amends repo	ort filed on
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination
Mailing Address 2134 Tobaccoville Rd			10 31 2014 Amount
City	State	Zip Code	18.70
Rural Hall	NC	27045	Transaction ID : 3bbb3619-a564-4025-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	081521.47	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Bailey R Blair			10 31 2014
Mailing Address 402A N 10th St			Amount
City	State	Zip Code	15.00
Manhattan	KS	66502	Transaction ID : 5e2f4396-ac80-4553-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 31 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	202795.52	Disbursement For:  Primary  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		> 33.70
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
.,			7 7 7
(c) TOTAL Independent Expenditures			. •
	didate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 11 02 / 2014
5.g. a.a.			

Schedule E)	IVI EXI END	ITOTILO		PAGE 4 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date of	f Public Distribution/Dissemination
Bailey R Blair				10 31 2014
Mailing Address 402A N 10th St			Amoun	t
City	State	Zip Code		1.50
Manhattan	KS	66502		ction ID : be24296e-8491-403c-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	10 31 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	Preside	nt Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		202795.52	Disbursement 2014 Ott	For: Primary X General ner (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Caelan J Blair				10 31 2014
Mailing Address 510 Haymaker Hall			Amoun	ıt
City	State	Zip Code		15.00
Manhattan	KS	66506		ction ID: 57e77b36-0bc7-428e-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 31 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Greg Orman		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	202795.52	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			16.50
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3				

Schedule E)	II EXI END	TOTILO		PAGE 5 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Caelan J Blair			10	31 2014
Mailing Address 510 Haymaker Hall			Amount	
City	State	Zip Code		1.20
Manhattan	KS	66506		n ID: dfd6f96b-eac8-43b4-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , , 2	202795.52	Disbursement For 2014 Other (	: Primary X General
Full Name of Payee	_		Date of Pu	blic Distribution/Dissemination
David Ford			10	31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 106 Hillside St			Amount	
City	State	Zip Code		62.50
Spindale	NC	28160		ID: ef55cf12-5565-460e-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 <sup>M</sup>	/ 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1081521.47	Disbursement For 2014 Other	: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	es			63.70
				7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· <b>•</b>	7 1 7 1 7
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 02	
-				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	ck if $X$ 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	David Ford	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 106 Hillside St	Amount
ŀ	City State Zip Code	39.84
	Spindale NC 28160	Transaction ID: e6d4b1b8-9cbe-4cc7-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type 002	10 31 / 2014
ı	Name of Federal Candidate Support Office	Sought: House District:00
	Ms Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For:
	Full Name of Payee Claud B Murphy JR  Mailing Address PO Box 37	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	City State Zip Code	45.00
١		Transaction ID : 06665d0d-70b5-43ed-a
ľ	Purpose of Expenditure Salary  Category/ Type 001	Date of Disbursement or Obligation
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For:  Primary
(6	a) SUBTOTAL of Itemized Independent Expenditures	84.84
(1	b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
(0	c) TOTAL Independent Expenditures	
W	nder penalty of perjury I certify that the independent expenditures reported herein were not ma ith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date Signature	02 / 2014
	Oignaturo ————————————————————————————————————	<del></del>

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OF

Schedule E)	VI EXI END	ITOTILO		PAGE 7 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		* M / D * D / Y * Y * Y * Y
Full Name of Payee Claud B Murphy JR				of Public Distribution/Dissemination
Mailing Address PO Box 37			L	10 31 2014
			Amour	ıı
City	State	Zip Code		9.45
East Bend	NC	27018		action ID: 58bd77b9-7079-407d-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 31 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	NO
Calendar Year-To-Date Per Election for Office Sought	, 10	081521.47	Disbursement 2014 Ot	t For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Judith A Murphy			ТМ	10 31 2014
Mailing Address PO Box 37			Amour	nt
City	State	Zip Code		45.00
East Bend	NC	27018		ction ID : 503379f7-ebc0-4c39-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 31 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	1081521.47	Disbursement 2014 Of	t For:
(a) SUBTOTAL of Itemized Independent Expenditu	res			54.45
			_	
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	7 7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candio party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	M M /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signaturo				

10   31   2	
Women Speak Out PAC  Check if 24-hour report 48-hour report New report Amends report filed on Manager Mailing Address 2138 N 1000 Rd  Check if 24-hour report Amends report filed on Manager Manager Mailing Address 2138 N 1000 Rd  City State Zip Code	
Check if 24-hour report 48-hour report New report Amends report filed on  Full Name of Payee Kristina M Jinkens  Mailing Address 2138 N 1000 Rd  City State Zip Code	
Kristina M Jinkens  Mailing Address 2138 N 1000 Rd  City State Zip Code	YYY
Mailing Address 2138 N 1000 Rd  City State Zip Code	/
	014
	30.00
Eudora KS 66025 Transaction ID : c8e3dbb3-8e33 Date of Disbursement or Obligation	
	2014
Name of Federal Candidate Support Office Sought: House District	:00
Mr. Greg Orman	: _KS
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: ☐ Primary ☐ Primary ☐ Other (specify) ▶	General
Full Name of Payee Lydia H DeGisi  Date of Public Distribution/Disser	
W - W   /   D - D   /   I -	2014
Amount	
City State Zip Code	27.50
Overland Park KS 66207 Transaction ID : 3a65617f-2a12-4 Date of Disbursement or Obligation  Purpose of Expenditure  Cotagonyl	on
Salary Type 001 10 31 2	014
Name of Federal Candidate  Support  Office Sought:  House District  Mr. Greg Orman	
Senate State	General
Per Election for Office Sought 202795.52 2014 Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	7.50
(b) SUBTOTAL of Unitemized Independent Expenditures	4
(c) TOTAL Independent Expenditures	4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 11 02 2014	

Schedule E)	VI EXI END	ITOTILO		PAGE 9 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee  Lydia H DeGisi			Date of	Public Distribution/Dissemination
Mailing Address 9513 Beverly Dr			Amount	
			Amount	
City	State	Zip Code		3.00
Overland Park	KS	66207		ction ID: 70f8af5c-5428-4d15-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	Presiden	t Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	2	202795.52	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Lorri Anderson			M 1	0 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code	— I	35.00
Charlotte	NC	23215		tion ID : f7980330-0fd7-4e14-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1	0 31 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7-1-7	1081521.47	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			38.00
				7 1 7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expendent	litures		• •	7 7 7
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		02 / 2014
Signaturo				

Schedule E)	INI EXI END	TIONES	<b>⊢</b>	PAGE 10 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	X New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Lorri Anderson			10	31 / 2014
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		3.60
Charlotte	NC	23215		9: 9765de24-6cc3-4a68-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	081521.47	Disbursement For: 2014 Other (spe	Primary ⊠ General
Full Name of Payee			Date of Public	Distribution/Dissemination
Christine R McDonald			10 /	31 2014
Mailing Address 3751 N Jeanette Ave			Amount	2014
City	State	Zip Code		36.00
Wichita	KS	67204		: <b>5291441f-a8e8-4735-9</b> sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10 /	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		202795.52	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures			39.60
(4)			7	7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>	72 1 75
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 02	2014
o.g.iataro				

FEC IDENTRICATION NUMBER ▼   C   C   C   C   C   C   C   C   C		nedule Ly	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee City Wichia City Wichia Name of Federal Candidate Mileage Name of Federal Candidate Malling Address 4967 Dysartville City State City State Coppose City State Coppose City Name of Federal Candidate Mileage City State Coppose City State Coppose City City Name of Federal Candidate Mileage Category City City State Coppose City City State Coppose City City State Coppose City City State Coppose City City State Coppose Category State State Category State State State State Category State State State Category State State State State State State Category State	۷۷	omen Speak Out PAC	C C00530766
Crity State Zip Code Wichita KS 67204  Purpose of Expenditure Mileage  Name of Federal Candidate Mailing Address 4967 Dysartville  City State Zip Code Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Morganton NC 28655  Name of Federal Candidate Morganton NC 28655  Name of Expenditure Salary  Name of Federal Candidate Morganton NC 28655  NC 28655  NC 28655  NC 28655  Transaction ID : 1e62ce13-16c2-4dce-9 Date of Debursement or Obligation  Full Name of Payee Eric J Smith  Amount  Transaction ID : 1e62ce13-16c2-4dce-9 Date of Debursement or Obligation  Peresident Senate State KS General  And Other (specify)  Date of Public Distribution/Dissemination  Transaction ID : 1e62ce13-16c2-4dce-9 Date of Debursement or Obligation  Transaction ID : 1e62ce13-16c2-4dce-9 Date of Public Distribution/Dissemination  Transaction ID : 1e62ce13-16c2-4dce-9 Date of Public Public Public Distribution Office Sought  Transaction ID : 1e62ce13-16c2-4dce-9 Date of Public Public Public Public Distribution Office Sought  Transaction ID : 1e	Che	ck if 24-hour report 48-hour report New report Amends report filed	
Mailing Address 3751 N Jeanette Ave  City State Zip Code (ST204 Transaction ID: 1e62c13-16c2-4dce-9 Date of Disbursement or Obligation D: 1e62c13-16c2-4dce-9 Date of Disbursement For: □ Primary ☑ General Per Election for Office Sought ☐ Other (specify) ►  Calendar Year-To-Date ☐ Date Of Public Distribution/Dissemination D: 1e62c13-16c2-4dce-9 Date of Public Distribution/Dissemination D: 1e62c13-16c2-4dce-9 Date Office Sought ☐ Other (specify) ►  Calendar Year-To-Date ☐ Date Office Sought ☐ Other (specify) ►  Purpose of Expenditure ☐ Support ☐ Office Sought ☐ Other (specify) ►  Name of Federal Candidate ☐ Support ☐ Office Sought ☐ Other (specify) ►  Calendar Year-To-Date ☐ Date ☐ Other Sought ☐ Other (specify) ►  (a) SUBTOTAL of Itemized Independent Expenditures ☐ Date ☐ Other (specify) ►  Under penalty of perjury   certify that the independent expenditures reported herein were not made in cooperation. consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   Ms. Emity Buchanar ☐ Date ☐ D	Т	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Wichita KS 67204  Transaction ID: 1e52e13-15c2-4dee-9 Date of Disbursement or Obligation  Mr. Greg Orman  Calegory/ Vpp 002  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Eric J Smith  Mailing Address 4967 Dysarville  City State Zip Code Morganton NC 28655  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Disbursement For:  Date of Public Distribution/Dissemination  Transaction ID: 8ab5a552-d54a-49c-2b-Date of Disbursement or Obligation  Transaction ID: 8ab5a562-d54a-49c-2b-Date of Disbursement or Obligation  Transaction ID: 8ab5a562-d54a-49c-2b			
Wichita KS 67204  Purpose of Expenditure Mileage  Name of Federal Candidate Mr. Greg Orman  Caledar Year-To-Date Purpose of Expenditure Mileage  Caledar Year-To-Date Salary  Name of Federal Candidate  Nor Date of Public Distribution/Dissemination  Full Name of Payee  Eric J Smith  Mailing Address 4967 Dysartville  City State Zip Code Morganton  NC 28655  Purpose of Expenditure Salary  Name of Federal Candidate  NC 28655  Purpose of Expenditure Salary  Name of Federal Candidate  Support  Office Sought: House District: 00  District: Only President Senate State: KS  Disbursement For: Primary General 2014  Amount  Amount  Category/ 001  Name of Federal Candidate  Support  Office Sought: House District: 00  Transaction ID: 8ab5a562-d54a-49c2-b Date of Disbursement or Obligation  Transaction ID: 8ab5a562-d54a-49c2-b Date of Disbursement For: Primary General Date of Disbursement or Obligation  Transaction ID: 40 of Primary Scaledar 49c2-b Date of Disbursement or Obligation  Transaction ID: 8ab5a562-d54a-49c2-b Date of Disbursement For: Primary General Date of Disbursement or Obligation  Transaction ID: 40 of Primary Scaledar 49c2-b Date of Disbursement For: Primary General Date of Date of Date of Date of		Mailing Address 3751 N Jeanette Ave	Amount
Wichita KS 67204  Purpose of Expenditure Mileage  Name of Federal Candidate Mr. Greg Orman  Caledar Year-To-Date Purpose of Expenditure Mileage  Caledar Year-To-Date Salary  Name of Federal Candidate  Nor Date of Public Distribution/Dissemination  Full Name of Payee  Eric J Smith  Mailing Address 4967 Dysartville  City State Zip Code Morganton  NC 28655  Purpose of Expenditure Salary  Name of Federal Candidate  NC 28655  Purpose of Expenditure Salary  Name of Federal Candidate  Support  Office Sought: House District: 00  District: Only President Senate State: KS  Disbursement For: Primary General 2014  Amount  Amount  Category/ 001  Name of Federal Candidate  Support  Office Sought: House District: 00  Transaction ID: 8ab5a562-d54a-49c2-b Date of Disbursement or Obligation  Transaction ID: 8ab5a562-d54a-49c2-b Date of Disbursement For: Primary General Date of Disbursement or Obligation  Transaction ID: 40 of Primary Scaledar 49c2-b Date of Disbursement or Obligation  Transaction ID: 8ab5a562-d54a-49c2-b Date of Disbursement For: Primary General Date of Disbursement or Obligation  Transaction ID: 40 of Primary Scaledar 49c2-b Date of Disbursement For: Primary General Date of Date of Date of Date of	ŀ	City State Zip Code	19.50
Purpose of Expenditure Milesage Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Eric J Smith  City State Calegory/ Norganton NC Salesty  Calegory  Total Agent Very State Purpose of Expenditure Salary  Name of Federal Candidate NC Calegory  Norganton NC Calegory  Oppose  Transaction ID: 8ab5a562-d54a-49c2-b Date of Public Distribution/Dissemination Transaction ID: 8ab5a562-d54a-49c2-b Date of Disbursement or Obligation  Transaction ID: 8ab6a56			
Mr. Greg Orman    Calendar Year-To-Date   Per Election for Office Sought   202795.52   Disbursement For:   Primary   General Per Election for Office Sought   202795.52   Disbursement For:   Primary   General Per Election for Office Sought   202795.52   Date of Public Distribution/Dissemination   Date of Public Distribution/Diss		Mileage Category/ 002	M = M / D = D / Y = Y = Y
Mr. Greg Orman    Coppose   President   Senate State: KS	f	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought    202795.52		Mr. Crop Orman	
Full Name of Payee Eric J Smith  Mailing Address 4967 Dysartville  City State Zip Code Morganton NC 28655  Purpose of Expenditure Salary  Category/ O01  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Category/ O01  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary General  Other (specify)   Other (specify)   Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  (Electronically Filed)  Date of Public Distribution/Dissemination  Amount  Amount  Amount  Amount  Tansaction ID: 8ab5a562-d54a-49c2-b Date of Disbursement or Obligation  Tansaction ID: 8ab5a562-d54a-49c2-b Date of Disbursement or Obligation  To Obligation  To Other Sought: House District: 00  President X Senate State: NC  Disbursement For: Primary General  Other (specify)   99.50  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		000705 50	
Mailing Address 4967 Dysartville    Mailing Address 4967 Dysartville		Full Name of Payee Eric J Smith	Date of Public Distribution/Dissemination
Amount  City State Zip Code NC 28655  Morganton NC 28655  Purpose of Expenditure Salary  Category/ Date of Disbursement or Obligation  NS. Kay Hagan  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Transaction ID: 8ab5a562-d54a-49c2-b Date of Disbursement or Obligation  To Disbursement For: Primary General 2014  Other (specify)  Other (specify)  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	-	Mailing Address	
Morganton  NC  28655  Transaction ID: 8ab5a562-d54a-49c2-b Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  1081521.47  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Transaction ID: 8ab5a562-d54a-49c2-b Date of Disbursement or Obligation  ### Of Type  Other (Specify)  Type  001  ### Of Type  Date  Transaction ID: 8ab5a562-d54a-49c2-b Date of Disbursement or Obligation  ### Of Type  Date of Disbursement or Obligation  ### Of		ivialiling Address 4967 Dysartville	Amount
Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	ŀ	City State Zip Code	80.00
Purpose of Expenditure Salary    Category/ Type   001			
Ms. Kay Hagan    Calendar Year-To-Date   Per Election for Office Sought   1081521.47   Disbursement For:   Primary   General		Salany Odlegory/ 001	M M / D D / Y Y Y Y
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State:   NC	1	Name of Federal Candidate Support Office	e Sought: House District: 00
Calendar Year-To-Date Per Election for Office Sought  1081521.47  Disbursement For: Primary  General 2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures			
(c) TOTAL Independent Expenditures		Calendar Year-To-Date Disbu	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  11  02  7  7  7  7  7  7  7  7  7  7  7  7  7	(;	a) SUBTOTAL of Itemized Independent Expenditures	99.50
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  MMMM  Date  11  Date	(1	b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Mand	(	c) TOTAL Independent Expenditures	
[Electronically Filed] Date 11 02 2014	W	with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	
butc		[F1 - +	
		Buto	

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OF

Schedule E)	II EXI END	TOTILO		PAGE 12 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Jennifer E Smith			M 10	
Mailing Address 4967 Dysartsville Rd			Amount	
City	State	Zip Code		80.00
Morganton	NC	28655		tion ID: b1a07023-07e2-41c2-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	10	081521.47	Disbursement F 2014 Othe	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Jennifer E Smith			M 1	
Mailing Address 4967 Dysartsville Rd			Amount	
				<del></del>
City	State NC	Zip Code 28655	Transact	9.30 ion ID : 06a14c55-9b61-4fd8-a
Morganton	NO .	20000		Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	, , ,	1081521.47	Disbursement I 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	89.30
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	7 7
(c) TOTAL Independent Expenditures			· •	7 1 7 1 0
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		02 / 2014
Signaturo				

Mailing Address 1981 Cherokee St    City	SER ▼
Check if \$\insert 24\$-hour report	
Check if	
Nicholas O Wilcox  Mailing Address 1981 Cherokee St  City State Zip Code Baton Rouge LA 70806  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Nicholas O Wilcox  Mailing Address 1981 Cherokee St	Y Y
Mailing Address 1981 Cherokee St    Mailing Address 1981 Cherokee St   Amount	ation
City State Zip Code Baton Rouge LA 70806  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Nicholas O Wilcox  Mailing Address 1981 Cherokee St	1
Baton Rouge  LA 70806  Transaction ID: ea5fcb67-0017-404 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Oppose  Category/ Type  Office Sought:  House District:  Support  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Nicholas O Wilcox  Mailing Address  1981 Cherokee St	
Baton Rouge  LA 70806  Transaction ID: ea5fcb67-0017-404 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Oppose  Category/ Type  Office Sought:  House District:  Support  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Nicholas O Wilcox  Mailing Address  1981 Cherokee St	8.00
Purpose of Expenditure Salary  Category/ Type  Out  Office Sought:  House District:  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Nicholas O Wilcox  Mailing Address  1981 Cherokee St	
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Nicholas O Wilcox  Mailing Address  1981 Cherokee St  Oppose  President  Senate  State:  Disbursement For: Primary  2014  Other (specify)  Date of Public Distribution/Disseminal  10  31  201	
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Nicholas O Wilcox  Mailing Address  1981 Cherokee St  Disbursement For: Primary 225731.03  Disbursement For: Primary 2014  Other (specify) ▶  Date of Public Distribution/Dissemina 10  10  10  10  10  10  10  10  10  10	00
Per Election for Office Sought  225731.03  Other (specify) ▶  Full Name of Payee Nicholas O Wilcox  Mailing Address  1981 Cherokee St	LA
Full Name of Payee Nicholas O Wilcox  Mailing Address 1981 Cherokee St	eneral
Nicholas O Wilcox  Mailing Address 1981 Cherokee St	
Mailing Address 1981 Cherokee St	ation
City State Zip Code 6	.42
Baton Rouge LA 70806 Transaction ID : 7caac500-7829-493	
Purpose of Expenditure Mileage  Category/ Type  Date of Disbursement or Obligation  M M M / D D / Y Y 2014	
Name of Federal Candidate Support Office Sought: House District: _	00
Ms. Mary L Landrieu	LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: ☐ Primary ☐ Quitable Control of Contr	ieneral
(a) SUBTOTAL of Itemized Independent Expenditures	2
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11 02 2014	
Signature	

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OF

Schedule E)		1101.20		PAGE 14 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 00000700
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Colleen Galan			Date of	of Public Distribution/Dissemination
			M	10 31 7 2014
Mailing Address 842 Stoneykirk Dr			Amour	nt
City	State	Zip Code	-	12.50
Fayetteville	NC	28314		action ID: 4e431d84-df10-4008-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	NO.
Calendar Year-To-Date Per Election for Office Sought	10	081521.47	Disbursement 2014 Of	t For:
Full Name of Payee			Date (	of Public Distribution/Dissemination
Colleen Galan			I M	10 31 2014
Mailing Address 842 Stoneykirk Dr			─	للنبا لنا ك
			Amou	nt
City	State	Zip Code		4.20
Fayetteville	NC	28314		of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	10 / 31 / 2014
Name of Federal Candidate		Support	Office Sough	it: House District: 00
Ms. Kay Hagan		Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1081521.47	Disbursemen 2014 O	ther (specify) ►
•				
(a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b>	16.70
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	
(c) TOTAL Independent Expenditures			· ·	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its at	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M M /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	INI EXI END	ITOTILO		PAGE 15 OF 148 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC				C C00530766			
Check if 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee			Date of	Public Distribution/Dissemination			
Joseph R Rys			M 10				
Mailing Address 160 #50 Pompano Dr			Amount				
City	State	Zip Code		72.50			
New Bern	NC	28560		ction ID: b6a96453-1c78-415e-a Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	M 1	M / D D / Y Y Y			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Kay Hagan		X Oppose	President	t Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	10	081521.47	Disbursement F 2014 Othe	For: Primary			
Full Name of Payee			Date of	Public Distribution/Dissemination			
Joseph R Rys			1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 160 #50 Pompano Dr			Amount				
City	State	Zip Code	- [	13.20			
New Bern	NC	28560		ion ID : 2174be9f-870c-4363-8 Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	10				
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Kay Hagan		X Oppose	Presiden				
Calendar Year-To-Date Per Election for Office Sought	- T - T - T	1081521.47	Disbursement I 2014 Oth	For:			
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	85.70			
(I) OUDTOTAL (III II I I I I I I I I I I I I I I I							
(b) SUBTOTAL of Unitermized Independent Expen	altures		•	7 7			
(c) TOTAL Independent Expenditures			· .	4 1 4 1 4			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		02 / 2014			

Schedule E)	IVI EXI END	ITOTILO		PAGE 16 OF 148 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC				C C00530766			
Check if 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee			Date of	Public Distribution/Dissemination			
Sally A Kolenac			M 10				
Mailing Address 513 Stokes Rd			Amount				
City	State	Zip Code		22.80			
Graham	NC	27253		ction ID: 4b00da01-0e07-4739-b Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	M 10				
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Kay Hagan		X Oppose	President				
Calendar Year-To-Date Per Election for Office Sought	10	081521.47	Disbursement F 2014 Other	For: Primary			
Full Name of Payee			Date of	Public Distribution/Dissemination			
Sally A Kolenac			M 1				
Mailing Address 513 Stokes Rd			Amount				
City	State	Zip Code		4.02			
Graham	NC	27253		ion ID : e0836b63-216a-4cb8-b Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	M 10				
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Kay Hagan		X Oppose	Presiden				
Calendar Year-To-Date Per Election for Office Sought	7 7	1081521.47	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			26.82			
				7 7			
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	7 7 7			
(c) TOTAL Independent Expenditures			<b>•</b>	7 7 7			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		02 / 2014			

ooneddie Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Linda J Fueling	10 31 2014
Mailing Address 6424 Purple Martin Ct Amo	ount
City State Zip Code	35.00
Wilmington NC 28411 Train	nsaction ID : c2d7c664-162d-41a1-9 e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Kay Hagan Presi	ident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburseme	
	Other (specify)
Linda J Fueling	e of Public Distribution/Dissemination
Mailing Address 6424 Purple Martin Ct Amo	10 31 2014 ount
City State Zip Code	21.03
Wilmington NC 28411 Tran	saction ID: 4b23ff0f-40fa-4aff-9 e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 31 7 2014
Name of Federal Candidate Support Office Sou	ight: House District:00
Ms. Kay Hagan Pres	sident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	56.03
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	02 2014
Signature	

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OF

Wilkesboro  NC 28697  Transaction ID: 3883c444-29de-4dd Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate  Support Office Sought: House District:	
Check if  24-hour report  48-hour report  New report  Amends report filled on  Date of Public Distribution/Disseminat  10	R▼
Check if  24-hour report	
Alisha A Hauser  Mailing Address 199 Raven Circle  City State Zip Code Att Transaction ID: 3883c444-29de-4dd Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Alisha A Hauser  Mailing Address 199 Raven Circle  Mailing Address 199 Raven Circle  City State Zip Code  Amount  M M M M M M M M M M M M M M M M M M M	Y
Mailing Address 199 Raven Circle  City State Zip Code Wilkesboro NC 28697  Purpose of Expenditure Salary  Category/ Type 001  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Alisha A Hauser  Mailing Address 199 Raven Circle  Mailing Address 199 Raven Circle  Amount  Amount  Transaction ID: 3883c444-29de-4dd Date of Disbursement or Obligation  Category/ Type 001  M. M	on
City State Zip Code  Wilkesboro NC 28697  Transaction ID: 3883c444-29de-4dd Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Alisha A Hauser  Mailing Address 199 Raven Circle  Amount  Amount  Transaction ID: 3883c444-29de-4dd Date of Disbursement or Obligation  Category/ Type 001  Toffice Sought: House District:  Disbursement For: Primary X Ge 2014  Other (specify) ▶  Full Name of Payee Alisha A Hauser  Mailing Address 199 Raven Circle  City State Zip Code  14.1  Amount	Y
Wilkesboro  NC 28697  Transaction ID: 3883c444-29de-4dd Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Alisha A Hauser  Mailing Address  199 Raven Circle  NC 28697  Transaction ID: 3883c444-29de-4dd Date of Disbursement or Obligation  Mail Mailing Address  Support  Office Sought: House District: Primary  Ge 2014  Other (specify)  Date of Public Distribution/Disseminar  Mailing Address  199 Raven Circle  City  State Zip Code  14.1	
Wilkesboro  NC 28697  Transaction ID: 3883c444-29de-4dd Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Ns. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Alisha A Hauser  Mailing Address  199 Raven Circle  NC 28697  Transaction ID: 3883c444-29de-4dd Date of Disbursement or Obligation  Transaction ID: 3883c444-29de-4dd Date of Disbursement or Obligation  Mail Mailing Address  Support Office Sought: House District: Primary Ge 2014  Other (specify) ▶  Transaction ID: 3883c444-29de-4dd Date of Disbursement or Obligation  Mail Mailing Address  Disbursement For: Primary  Ge 2014  Other (specify) ▶  Transaction ID: 3883c444-29de-4dd Date of Disbursement or Obligation  Mail Mail Mail Mail Mail Mail Mail Mail	.30
Purpose of Expenditure Salary  Category/ Type  Out  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Alisha A Hauser  Mailing Address  199 Raven Circle  Category/ Type  Out  Support  Office Sought: House District:  Senate  State:  Disbursement For: Primary  Other (specify)  Date of Public Distribution/Disseminat  Mailing Address  199 Raven Circle  Category/ Type  Othic Sought:  House District:  Primary  Other (specify)  Amount  Amount	
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Alisha A Hauser  Mailing Address 199 Raven Circle  Senate State:  Disbursement For: Primary  Other (specify)  Date of Public Distribution/Disseminar  1081521.47  Date of Public Distribution/Disseminar  Amount  City  State Zip Code	Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Alisha A Hauser  Mailing Address 199 Raven Circle  Disbursement For: Primary ≥ Ger 2014  Other (specify) ►  Date of Public Distribution/Disseminar  Mailing Address 199 Raven Circle  City State Zip Code	00
Per Election for Office Sought    1081521.47	1C
Full Name of Payee Alisha A Hauser  Mailing Address 199 Raven Circle  City State Zip Code  Other (specify)   Date of Public Distribution/Disseminar  10 31 2014  Amount	neral
Alisha A Hauser  Mailing Address 199 Raven Circle  City State Zip Code  Amount  10 31 2014  Amount	on
Mailing Address 199 Raven Circle  City State Zip Code  Amount  14.7	
Wilkesboro NC 28697 Transaction ID: 88d3907f-b77b-41d4	6
Date of Disbursement or Obligation	9
Purpose of Expenditure Mileage  Category/ Type  O02  10  10  Y  2014	Y
Name of Federal Candidate Support Office Sought: House District:	00
	1C
Calendar Year-To-Date Per Election for Office Sought  1081521.47  Disbursement For: Primary  2014  Other (specify) ▶	neral
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or cor with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a pol party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11 02 2014	
Signature	

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				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	F	EC II	DENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M	М	/ D D /	Y = Y = Y
	Full Name of Payee  Joshua J Huffman	Date of	Publi	ic Distribution/	Dissemination
		M 10		31	2014
	Mailing Address 211 Dixie Ave	Amount			
	City State Zip Code				20.00
	Harrisonburg VA 22801			ID: dc9d2da6 ursement or C	
	Purpose of Expenditure Salary  Category/ Type 001	1		31	2014
	Name of Federal Candidate Support Office	Sought:		House	District: 00
	Mr. Greg Orman Oppose	President	t [	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 202795.52  Disbut 2014	rsement F		Primary pecify) ▶	X General
	Full Name of Payee Haley A Zimmerman  Mailing Address 1409 Robbins Dr	Date of	Publ 0	ic Distribution/	Dissemination 2014
1	City State Zip Code				60.00
				D: 1124a43c- oursement or C	ce3c-4051-b
	Purpose of Expenditure Salary  Category/ Type 001	M 10	M	31	2014
1	Name of Federal Candidate Support Office	Sought:		House	District:00
	Ms. Kay Hagan Oppose	Presiden	t [	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014			Primary	General
	(a) SUBTOTAL of Itemized Independent Expenditures		-7-		80.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		-7	7	
	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan  [Electronically Filed] Date  Signature	1 / I	02	/ Y Y 201	
	Oignature				

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	<b>-</b> /		FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
vvom	en Speak Out PAC		C C00530766
Check if	24-hour report 48-hour report New report	ort Amends report	filed on M M / D D / Y Y Y Y Y
	Name of Payee		Date of Public Distribution/Dissemination
	aley A Zimmerman		10 31 2014
Mail	ing Address 1409 Robbins Dr		Amount
City	State	Zip Code	4.50
Ler		28645	Transaction ID : c0d8bab8-6b3c-4976-a Date of Disbursement or Obligation
	ose of Expenditure eage	Category/ Type 002	10 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nan	ne of Federal Candidate	Support	Office Sought: House District: 00
Ms.	Kay Hagan	X Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General Other (specify) ▶
	Name of Payee ni A Persinger-Buckler		Date of Public Distribution/Dissemination
Mai	ing Address 5330 Nestleway Dr		10
City	State	Zip Code	20.00
	mmons NC	27012	Transaction ID : 0aa0154b-e8d2-40bf-a Date of Disbursement or Obligation
Pur <sub>l</sub> Sa	oose of Expenditure ary	Category/ Type 001	10 / 31 / 2014
Nan	ne of Federal Candidate	Support	Office Sought: House District: 00
Ms.	Kay Hagan	X Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary  General 2014  Gher (specify) ►
(a) S	UBTOTAL of Itemized Independent Expenditures		24.50
(b) S	UBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) T	OTAL Independent Expenditures		<b>•</b>
with,	r penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.		
_	<del>_</del>	ically Filed] Date	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Si	gnature		

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Mailing Address 5330 Nestleway Dr  City State Zip Code Clemmons NC 27012  Transaction ID: ccac5d32-0178-4dfb-8 Date of Distressment or Obligation Mileage Calegory/ Type 002  Name of Federal Candidate Ns. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Oppose Per Election for Office Sought  Full Name of Payee Dionne Vantuy!  Mailing Address 2334 NE Parvin Rd  City State Zip Code Fanasaction ID: ccac5d32-0178-4dfb-8 Date of Districturion/Dissemination To the respective Mailing Address 2334 NE Parvin Rd  City State Zip Code Kansas City MO 64116  City State Zip Code Transaction ID: t133dabaa-babc-4df5-a Date of Districturion/Dissemination Transaction ID: t133dabaa-babc-4df5-a Date of Districturion Transaction ID: t133dabaa-babc-4df5-a Date of Prosection ID: t133dabaa-babc-4df5-a Date of Districturion Transaction ID: t133dabaa-babc-4df5-a Date of Prosection ID: t133dabaa-babc-4df5-a Date of Prosection ID: t133dabaa-babc-4df5-a D		nedule Ly			FOR SE OF	FORM 24/48
Check if 24-hour report  48-hour report  New report  Amends report filed on  Date of Public Distribution/Dissemination  10				FEC	IDENTIFICATI	ON NUMBER ▼
Full Name of Payee   Dionne Vantuy    Mailing Address   2334 NE Parvin Rd   Mailing Address   2334 NE Parv	۷V	omen Speak Out PAC		С	C00530766	
Toni A Persinger-Buckler  Mailing Address 5330 Nestleway Dr  City State Zip Code Clemmons NC 27012  Purpose of Expenditure Mileage Category 002  Ms. Kay Hagan Support Calendar Year-To-Date Per Election for Office Sought  Full Name of Pederal Candidate Mailing Address 2334 NE Parvin Rd  City State Zip Code Purpose of Expenditure  City State Zip Code Purpose of Expenditure  City State Zip Code Ransas City MO 64116  Purpose of Expenditure Salary  Category 001  Transaction ID: ccac5432-0178-4dft-8 Date of Disbursement or Obligation  Disbursement For: Primary Gene President Senate State: NC  Calendar Year-To-Date Purpose of Expenditure Salary Onther (specify) ↑  Name of Federal Candidate NC Gategory 001  Name of Purpose of Expenditure NC Gategory 001  Name of Pederal Candidate NC Gene Nc Fersident Nc Senate State: NC  NC Gene Nc Fersident Nc Senate State: NC  NC Gene Nc Fersident Nc Senate State: NC  NC Gene Nc Fersident Nc	Che	ck if 24-hour report 48-hour report New report Amends report filed	on	- M	/ D = D /	Y = Y = Y = Y
Mailing Address 5330 Nestleway Dr  City State Zip Code 27012  Clemmons NC 27012  Transaction ID : ccae5d32-0178-4dfb-8 Date of Disbursement or Obligation ID : cae5d32-0178-4dfb-8 Date of Disbursement or Dispation ID : cae5d32-0178-4dfb-8 Date of Disbursement For ID			Date o	of Pub	lic Distribution	/Dissemination
City State Zip Code Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  City Malling Address 2334 NE Parvin Rd  City State  City State  Category/ Malling Address 2334 NE Parvin Rd  City State  Category/ No Mn  Cate						2014
Purpose of Expenditure   Category/ Type   O02   Support   Office Sought   House District:		Mailing Address 5330 Nestleway Dr	Amour	nt		
Purpose of Expenditure   Category/ Type   O02   Support   Office Sought   House District:	ŀ	City State Zip Code	Г.			5.70
Purpose of Expenditure Mileage    Support   Name of Federal Candidate   Support   Senate   State   NC						
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Dionne Vantuyl  Mailing Address 2334 NE Parvin Rd  City State Zip Code Kansas City MO 64116  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar		Mileage Category/ 002	M	- M	/ D D /	Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Dionne Vantuyl  Mailing Address 2334 NE Parvin Rd  City State Zip Code Kansas City MO 64116  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Category  Office Sought  Category  Office Sought  Category  Office Sought  Category  Office Sought  Fresident For: Primary  Category  Office Sought  Category  Office Sought  For Disbursement For: President  Support  Office Sought  Category  Office Sought  Office Sought  Category  Office Sought  Offic	ľ	Name of Federal Candidate Support Office	Sought	t:	House	District:00
Per Election for Office Sought  Full Name of Payee Dionne Vantuyl  Mailing Address  2334 NE Parvin Rd  City  State  Zip Code  Kansas City  MO  64116  Transaction ID: 1b3dabaa-babc-4ef5-a Date of Disbursement or Obligation  Transaction ID: 1b3dabaa-babc-4ef5-a Date of Disbursement or Obligation		Me Kay Hagan	_		Senate	State: NC
Full Name of Payee Dionne Vantuyl  Mailing Address 2334 NE Parvin Rd  City State Zip Code Kansas City MO 64116  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic Distribution/Dissemination  10 131 / 2014  Amount  Transaction ID: 1b3dabaa-babc-4ef5-a  Date of Public Distribution/Dissemination  10 31 / 2014  Amount  Transaction ID: 1b3dabaa-babc-4ef5-a  Date of Public Distribution/Dissemination  Transaction ID: 1b3dabaa-babc-4ef5-a  Date of Disbursement or Obligation  Transaction ID: 1b3dabaa-babc-4ef5-a  Date of Problem Category  Date of Public Distribution/Distermination  Transaction ID: 1b3dabaa-babc-4ef5-a  Date of Piblic Distribution/Distance  Transaction ID: 1b3dabaa-babc-4ef5-a  Date of Piblic Distribution/Distance  Transaction ID: 1b3dabaa-babc-4ef5-a  Date of Disbursement or Obligation  Transaction ID: 1b3dabaa-babc-4ef5-a  Date of Disbursement For: Date President Senate State: KS  Disbursement For: Primary Cene  Other (specify)   Other (specify)   Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic.		4004504 47				General
Dionne Vantuyl  Mailing Address 2334 NE Parvin Rd  City State Zip Code Kansas City MO 64116  Purpose of Expenditure Salary  Name of Federal Candidate Selate State Support Office Sought: House District: 00 President Senate State: KS  Calendar Year-To-Date Per Election for Office Sought 202795.52  Calendar Year-To-Date Per Election for Office Sought 202795.52  (a) SUBTOTAL of Itemized Independent Expenditures.  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic.)	ŀ	Full Name of Pavee				/Dissemination
Mailing Address 2334 NE Parvin Rd  City State Zip Code 30.00  Kansas City MO 64116  Purpose of Expenditure Salary Category/ Type Office Sought: House District: □00  Mr. Greg Orman Support Office Sought: House District: □00  Mr. Greg Orman Support Office Sought: Senate State: KS  Calendar Year-To-Date Per Election for Office Sought  Category/ O01  Mr. Greg Orman Support Office Sought: House District: □00  Mr. Greg Orman Support Office Sought: Senate State: KS  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Other (specify) ►  (a) SUBTOTAL of Itemized Independent Expenditures Support Other (specify) ►  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic.)				■ M	/ D D /	Y Y Y Y Y
Kansas City  MO  64116  Transaction ID: 1b3dabaa-babc-4ef5-a Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Office Sought:  House District: Oo  Other (specify)   Other (specify)   Other (specify)   Other (specify)   Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political patents.		Mailing Address 2334 NE Parvin Rd	Amour	-	01	2017
Purpose of Expenditure Salary  Category/ Type  Out  Office Sought:  House  District:  Out  KS  Calendar Year-To-Date  Per Election for Office Sought  Calendar Year-To-Date  Per Election for Office Sought  Other (specify)  Other (specify)  Other (specify)  Other (specify)  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if	ŀ	City State Zip Code				30.00
Purpose of Expenditure Salary  Category/ Type  Out  Type  Out  Type  Out  Type  Out  Type  Out  Office Sought:  House District:  Out  Mr. Greg Orman  Calendar Year-To-Date  Per Election for Office Sought  Calendar Year-To-Date  Per Election for Office Sought  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a poli		Kansas City MO 64116	Transa Date of	ction of Disl	ID: 1b3dabaa bursement or 0	-babc-4ef5-a Obligation
Mr. Greg Orman    Support   Calendar Year-To-Date   Per Election for Office Sought   202795.52   Disbursement For:   Primary   Gene   2014   Other (specify) ▶    (a) SUBTOTAL of Itemized Independent Expenditures   Substitution   S		Salary Odiegory 001	M	- M	/ D D /	YYYY
Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Cother (specify)		Name of Federal Candidate Support Office	Sough	t:	House	District: 00
Per Election for Office Sought  202795.52  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures			_		X Senate	1/0
(c) TOTAL Independent Expenditures		2014				/ General
(c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political committee).	(	a) SUBTOTAL of Itemized Independent Expenditures		-7	7	35.70
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political	(	b) SUBTOTAL of Unitemized Independent Expenditures			1 1 25	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political	(	c) TOTAL Independent Expenditures			- 7-	
party committee, any pointed party committee or no agont.	W					
Ms. Emily Buchanan [Electronically Filed] Date 11 02 2014		$(EL_{-4}, \dots, L_{-1}, L_{-1}, L_{-1})$	M /			
Signature		Buto				

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Women Speak Out PAC    FeC IDENTRICATION NUMBER ▼   C   C   C   C   C   C   C   C   C		include Ly	FOR SE OF FORM 24/48
Check if    24-hour report			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Angela D Soots  Mailing Address 1481 Neighborty PI  City State Zip Code Mr. Caregory/ Sopose Angela D Soots  Mailing Address 1481 Neighborty PI  City State Zip Code Mr. Caregory/ Sopose Angela D Soots  Mailing Address 1481 Neighborty PI  Category/ NC 28645  Category/ NC 28645  Category/ Salary  Category/ Solary  Cat	۷۱	omen Speak Out PAC	C C00530766
Dictione Vantuyl  Mailing Address 2334 NE Parvin Rd  City State Zip Code 64116  Purpose of Expenditure Mileage  Name of Federal Candidate  Mr. Greg Orman  Calendar Year-To-Date Angela D Soots  Angela D Soots  Mailing Address 1481 Neighborty Pl  City State Zip Code  Lenoir NC 28645  Lenoir NC 28646  Purpose of Expenditure  Category/ Oo1  Name of Federal Candidate  NC 28646  NC 28646  Date of Public Distribution/Dissemination  Tansaction ID : 61c9/2a3-255c-4de5-a Date of Disbursement or Obligation  Tansaction ID : 61c9/2a3-255c-4de5-a Date of Disbursement or Obligation  Tansaction ID : 61c9/2a3-255c-4de5-a Date of Disbursement or Obligation  Tansaction ID : 61c9/2a3-255c-4de5-a Date of Disbursement or Obligation  Tansaction ID : 61c9/2a3-255c-4de5-a Date of Disbursement or Obligation  Tansaction ID : 61c9/2a3-255c-4de5-a Date of Disbursement or Obligation  Tansaction ID : 61c9/2a3-255c-4de5-a Date of Disbursement or Obligation  Tansaction ID : 61c9/2a3-255c-4de5-a Date of Public Distribution/Dissemination  Tansaction ID : 61c9/2a3-255c-4de5-a Date of Date of Public Distribution/Dissemination  Tansaction ID : 61c9/2a3-255c-4de5-a Date of Public Distr	Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 2334 NE Parvin Rd    City	٦		Date of Public Distribution/Dissemination
City State Zip Code Kansas City MO 64118  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Mr. Greg Orman Soppose President Senate State: KS  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Angela D Soots  Mailing Address 1481 Neighborly PI  City State Zip Code Lenoir NC 28645  Purpose of Expenditure Salary Category/ Type 001  Name of Federal Candidate NC 28645  Purpose of Expenditure Salary Salary  Name of Federal Candidate NC 28645  Purpose of Expenditure Salary  Name of Federal Candidate NS 28645  Purpose of Expenditure Salary  Name of Federal Candidate NS 31 / 2014  Name of Federal Candidate NS 28645  Name of Federal Candidate NS 28645  Name of Federal Candidate NS 28645  Name of Federal Candidate NS 489 Hagan  Name of Federal Candidate NS 489 Hagan  Name of Federal Candidate NS 28645  Name	١	Dionne Vantuyl	
Ransas City   MO   64116   Transaction ID: 61c9/2a3.255c-4de5-a Date of Disbursement or Obligation		Mailing Address 2334 NE Parvin Rd	Amount
Ransas City   MO   64116   Transaction ID: 61c9/2a3.255c-4de5-a Date of Disbursement or Obligation		City State Zin Code	15.00
Purpose of Expenditure Mileage Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Angela D Soots  Mailing Address 1481 Neighborly PI  City State Zip Code Lenoir  NC 28645  Purpose of Expenditure Salary  Name of Federal Candidate NC 28645  Purpose of Expenditure Salary  Name of Federal Candidate NC 28645  Calendar Year-To-Date Per Election for Office Sought  Office Sought: House District:  O0 Amount  Transaction ID : 33/c8a32-aef7-49e0-3 Date of Disbursement or Obligation  Transaction ID : 33/c8a32-aef7-49e0-3 Date of Disbursement or Obligation  Transaction ID : 33/c8a32-aef7-49e0-3 Date of Disbursement or Obligation  Transaction ID : 33/c8a32-aef7-49e0-3 Date of Disbursement or Obligation  Transaction ID : 33/c8a32-aef7-49e0-3 Date of Disbursement or Obligation  Transaction ID : 33/c8a32-aef7-49e0-3 Date of Disbursement or Obligation  Transaction ID : 33/c8a32-aef7-49e0-3 Date of Disbursement or Obligation  Transaction ID : 33/c8a32-aef7-49e0-3 Date of Disbursement or Obligation  Transaction ID : 33/c8a32-aef7-49e0-3 Date of Disbursement or Obligation  Transaction ID : 33/c8a32-aef7-49e0-3 Date of Disbursement or Obligation  Transaction ID : 33/c8a32-aef7-49e0-3 Date of Disbursement or Obligation  Transaction ID : 33/c8a32-aef7-49e0-3 Date of Disbursement or Obligation  Transaction ID : 33/c8a32-aef7-49e0-3 Date of Disbursement or Obligation  Transaction ID : 33/c8a32-aef7-49e0-3 Date of Disbursement or Obligation  Transaction ID : 33/c8a32-aef7-49e0-3 Date of Disbursement For Date  Per Election for Office Sought  Office Sought  To ' 31' 2014  Amount  City  Office Sought  To ' 31' 2014  Amount  To ' 31' 2014		·	Transaction ID : 61c9f2a3-255c-4de5-a
Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Angela D Soots  Mailing Address 1481 Neighborly PI  City State Zip Code Lenoir NC 28645  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 33c5a32-aerf-49e0-a Date of Disbursement or Obligation  Transaction ID: 31c5a32-aerf-49e0-a Date of Disbursement or Obligation  Transact		Mileage Category/ 002	M M / D D / Y Y Y Y
Mr. Greg Orman		Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought    202795.52	١	Mr. Orace Orace	
Full Name of Payee Angela D Soots  Mailing Address 1481 Neighborly PI  City State Zip Code Lenoir NC 28645  Purpose of Expenditure Salary  Category/ Tiype 001  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  In the request of Payee  Angela D Path of Disbursemination  Lamount  Category/ Transaction ID: 33fc8a32-sef7-49e0-a Date of Disbursement or Obligation  Transaction ID: 33fc8a32-sef7-49e0-a Date o		000705 50	
Angela D Soots  Mailing Address 1481 Neighborly PI  City State Zip Code Lenoir NC 28645  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calegory/ Type  Office Sought: House District: 00  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  10 31 2014  Amount  Category/ Transaction ID: 33fc8a32-aef7-49e0-a Date of Disbursement or Obligation  Transaction ID: 31c 8-00-00  Transaction ID: 33fc8a32-aef7-49e0-a Date of Disbursement or Obligation  Transaction ID: 33fc8a32-aef7-49e0-a Date of Disbursement or Obligation  Transaction ID: 33fc8a32-aef7-49e0-		Per Election for Office Sought	
Mailing Address 1481 Neighborty PI  City State Zip Code Lenoir NC 28645  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Uniternized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  In an 31 2014  Amount  Transaction ID: 33fc8a32-aef7-49e0-a Date of Disbursement or Obligation  Min M 10 / 31 / 2014  Transaction ID: 33fc8a32-aef7-49e0-a Date of Disbursement or Obligation  Min M 10 / 31 / 2014  Name of Federal Candidate  Support  Senate State: NC  Disbursement For: Primary General Disbursement For: P			
Lenoir  NC  28645  Transaction ID: 33fc8a32-aef7-49e0-a Date of Disbursement or Obligation  Purpose of Expenditure  Salary  Category/ Type  On1  Name of Federal Candidate  Ms. Kay Hagan  Support  Calendar Year-To-Date Per Election for Office Sought  Tother (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Transaction ID: 33fc8a32-aef7-49e0-a Date of Disbursement or Obligation  Category/ Type  Office Sought: House District: 00 President X Senate State: NC Disbursement For: Primary General  Other (specify)  75.00  Total Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		Mailing Address 1481 Neighborly PI	التناينا لنايا
Lenoir  NC  28645  Transaction ID: 33fc8a32-aef7-49e0-a Date of Disbursement or Obligation  Purpose of Expenditure  Salary  Category/ Type  On1  Name of Federal Candidate  Ms. Kay Hagan  Support  Calendar Year-To-Date Per Election for Office Sought  Tother (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Transaction ID: 33fc8a32-aef7-49e0-a Date of Disbursement or Obligation  Category/ Type  Office Sought: House District: 00 President X Senate State: NC Disbursement For: Primary General  Other (specify)  75.00  Total Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	1	City State Zip Code	60.00
Purpose of Expenditure Salary    Category/ Type   001	١	· · ·	
Ms. Kay Hagan    Calendar Year-To-Date   Per Election for Office Sought   1081521.47   Disbursement For:   Primary   General		Salany Odlegory/ 001	M - M / D - D / Y - Y - Y
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	1	Name of Federal Candidate Support Office	e Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  11  Date  11  Date		(a) SUBTOTAL of Itemized Independent Expenditures	75.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  MMM  Date  11  Date		(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Mand		(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 11 02 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	
24.0		[F1 - 4 1 1 - 1 - 1]	

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Schedule E)	VI EXI END	ITOTILO		PAGE 23 OF 148 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC				C C00530766			
Check if $X$ 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee			Date o	f Public Distribution/Dissemination			
Angela D Soots				10 31 2014			
Mailing Address 1481 Neighborly PI			Amour	ıt			
City	State	Zip Code		18.45			
Lenoir	NC	28645		action ID : 2763a605-ece1-49bc-9 f Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	М	10 31 2014			
Name of Federal Candidate		Support	Office Sought	: House District:00			
Ms. Kay Hagan		X Oppose	Preside	NO			
Calendar Year-To-Date Per Election for Office Sought	10	081521.47	Disbursement 2014 Ot	For: Primary X General her (specify) ▶			
Full Name of Payee			Date o	f Public Distribution/Dissemination			
Jerome M Weil				10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 101 Durham Drive			Amour	nt			
City	State	Zip Code		40.00			
Lafayette	LA	70508		ction ID: 492f53c0-78ab-41f3-9 of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001		10 31 2014			
Name of Federal Candidate		Support	Office Sought	: House District: 00			
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	7 1 7	225731.03	Disbursement 2014 Ot	For: Primary			
(a) SUBTOTAL of Itemized Independent Expenditu	res			58.45			
				7 7 7			
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•				
(c) TOTAL Independent Expenditures			•				
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	02 / 2014			
- 3							

		F	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDE	NTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C c	00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M M /	D = D / Y = Y = Y
$\Box$	Full Name of Payee	Date of Public I	Distribution/Dissemination
	Jerome M Weil	10	31 2014
	Mailing Address 101 Durham Drive	Amount	
ı	City State Zip Code		40.00
	Lafayette LA 70508		: 1f280dec-c711-408f-9 sement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10	31 / 2014
	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Mary L Landrieu Oppose	President X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 225731.03  Disbut 2014	rsement For: Other (spec	Primary
l	Full Name of Payee Jerome M Weil		Distribution/Dissemination  31 2014
	Mailing Address 101 Durham Drive	Amount	
ı	City State Zip Code		13.50
			: 5d85dd53-6d23-43f9-8 sement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10	31 / 2014
	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Mary L Landrieu Oppose	President X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbu 225731.03	rsement For:	Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		53.50
(	(b) SUBTOTAL of Unitemized Independent Expenditures		4
	(c) TOTAL Independent Expenditures	-7-	7
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	Ms. Emily Buchanan  [Electronically Filed] Date	M / D D D 02	2014
	Signature		

PAGE

OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Ch	eck if $X$ 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y = Y = Y = Y
П	Full Name of Payee	Date of	of Pub	lic Distribution/	Dissemination
	Jerome M Weil	M	10 <sup>M</sup>	31	2014
	Mailing Address 101 Durham Drive	Amou	nt		
	City State Zip Code		-		13.50
	Lafayette LA 70508			ID: 15e8846k bursement or C	-a7d6-4d30-9
	Purpose of Expenditure Mileage  Category/ Type  002		10	31	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Mary L Landrieu	Preside	ent	X Senate	State:LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 225731.03  Disbut 2014	ırsemen		Primary specify) ▶	General
	Full Name of Payee Brian A Sherwood		of Pub	olic Distribution	
	Mailing Address 1003 W 5th St	IV	10	31	2014
	- 1000 W out of	Amou	nt		
	City State Zip Code			D I I (0)	35.00
	Coffeyville KS 67337			ID: 08b6d013-bursement or 0	
	Purpose of Expenditure Salary  Category/ Type  001	IV	10 <sup>M</sup>	31	2014
	Name of Federal Candidate Support Office	e Sough	ıt:	House	District: 00
	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 202795.52			Primary specify) ▶	K General
	(a) SUBTOTAL of Itemized Independent Expenditures				48.50
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			7 7	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	02		4
	Signature		_		

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OF

Schedule E)		1101.20		PAGE 26 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Brian A Sherwood	<u> </u>		Date of F	Public Distribution/Dissemination
Mailing Address 1003 W 5th St			10 Amount	
			Alliount	
City	State	Zip Code		21.00
Coffeyville	KS	67337		ion ID: 098d009c-cf2e-4d08-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	W / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	202795.52	Disbursement Fo	or: Primary ⊠ General r (specify) ▶
Full Name of Payee			Date of F	Public Distribution/Dissemination
Heather A Smith			M 10	
Mailing Address 995 Clairborne Rd				20
			Amount	
City	State	Zip Code		34.00
Calhoun	LA	71225		on ID : 7ef3f3d2-b2f4-40b9-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		225731.03	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		· •	55.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	71171171
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Heather A Smith	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 995 Clairborne Rd	Amount
	City State Zip Code	14.40
	Calhoun LA 71225	Transaction ID : fae77e17-4fe8-423e-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	M 10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 225731.03  Disbut 225731.03	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee Laura U Logie	Date of Public Distribution/Dissemination
	Mailing Address 2565 Shire Circle	10 31 2014 Amount
	City State Zip Code	55.00
	Harrisonburg VA 22801	Transaction ID : eafc79a5-c2c3-4865-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 31 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	69.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		1 02 2014
	Signature	
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OF

Schedule E)	LIVI EXI END	ITORES	<u> </u>	PAGE 28 OF 148 FOR SE OF FORM 24/48			
AME OF COMMITTEE (In Full)  Alexander Charles (In Full)  FEC IDENTIFICATION NUMBER ▼							
Women Speak Out PAC			Cc	00530766			
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y			
Full Name of Payee Gary W Fuhrmann			M = M /	Distribution/Dissemination			
Mailing Address 9425 Jessica Drive			10 Amount	31 2014			
Cit.	Chaha	7in Code		00.00			
City Shreveport	State LA	Zip Code 71106		60.00 : 1562720d-dfb5-431c-b sement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10	31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	President X				
Calendar Year-To-Date Per Election for Office Sought	.,,	225731.03	Disbursement For: 2014 Other (spec	Primary			
Full Name of Payee			Date of Public	Distribution/Dissemination			
Gary W Fuhrmann			10	31 / 2014			
Mailing Address 9425 Jessica Drive			Amount				
City	State	Zip Code		20.10			
Shreveport	LA	71106		: 43b6ca24-275a-43d1-b sement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	10 /	31 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose		Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	7 7	225731.03	Disbursement For: 2014 Other (spec	Primary X General			
(a) SUBTOTAL of Itemized Independent Expendent	litures		•	80.10			
(b) SUBTOTAL of Unitemized Independent Expe	enditures						
			-				
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7			
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any camparty committee) any political party committee or	didate or authorized						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 02	2014			
5.g.iataro							

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	te of Public Distribution/Dissemination
Rhonda Moback	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2704 E Glen Oaks Dr	nount
City State Zip Code	60.00
Wichita KS 67216 Tra	insaction ID : 6a70d446-c1f2-421c-b te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Greg Orman Oppose Pres	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disbursem 202795.52  Disbursem 2014	
Full Name of Payee Da	Other (specify)
Rhonda Moback	te of Public Distribution/Dissemination  10 31 2014
Mailing Address 2704 E Glen Oaks Dr	nount
City State Zip Code	13.20
	nsaction ID: 5a37035e-eb99-4f78-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 31 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Greg Orman Oppose Pres	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disbursem 202795.52	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	73.20
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	02 2014
Signature	

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Schedule E)	IVI EXI END	TTOTILO	PAC FOR	GE 30 OF 148 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	IFICATION NUMBER ▼
Women Speak Out PAC			C C008	530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee Carla K Pilgreen				tribution/Dissemination
Mailing Address 212 Stonecliff Dr			10 / 0	31 2014
Z1Z Gloridolini Bi			Amount	
City	State	Zip Code		30.00
West Monro	LA	71291	Transaction ID: 8 Date of Disburser	e856021-9b99-4fea-8 ent or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / D	31 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Mary L Landrieu		X Oppose	President X S	enate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		225731.03	Disbursement For:  2014  Other (specify	Primary
Full Name of Payee			Date of Public Dis	tribution/Dissemination
Carla K Pilgreen			M = M / D	31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 212 Stonecliff Dr			Amount	2014
			Attiount	
City	State	Zip Code		5.70
West Monro  Purpose of Expenditure	LA	71291	Transaction ID: b7 Date of Disbursen	
Mileage		Category/ Type 002	10 / 0	31 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District:00
Ms. Mary L Landrieu		X Oppose	President X S	
Calendar Year-To-Date Per Election for Office Sought	7 7	225731.03	Disbursement For: 2014 Other (specify	Primary X General
(a) CURTOTAL of the mineral lands are short. For each				05.70
(a) SUBTOTAL of Itemized Independent Expenditu	ires			35.70
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 02	2014
Signaturo				

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on	= M	/ D = D /	Y   Y   Y   Y
Т	Full Name of Payee	Date of	of Pub	olic Distribution	Dissemination
	Zachary R McCleese	M	10 <sup>M</sup>	31	2014
	Mailing Address 323 Rolling Pines Dr	Amou	nt		
ŀ	City State Zip Code				60.00
	Spring Lake NC 28390			n ID: ee2b05bo bursement or 0	c-adb8-4766-b
	Purpose of Expenditure Salary  Category/ Type 001		10 <sup>M</sup>	31	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Mark L Pryor	Preside		X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbu 223618.14  Disbu 2014	rsemen		Primary	X General
ŀ	Full Name of Payee			olic Distribution	/Discomination
	Zachary R McCleese	Date	л Рик 10	/ DISTRIBUTION / 31	2014
	Mailing Address 323 Rolling Pines Dr	Amou	-	9.	2011
ŀ	City State Zip Code	Г.			18.60
	Spring Lake NC 28390			ID: 83d8f6a1- bursement or (	
	Purpose of Expenditure Mileage  Category/ Type  002	M	10	31	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside	ent	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 223618.14	rsemen		Primary specify) ▶	General
(	(a) SUBTOTAL of Itemized Independent Expenditures		-	F 1 1 7	78.60
(	(b) SUBTOTAL of Unitemized Independent Expenditures			7 7	
(	(c) TOTAL Independent Expenditures	<u> </u>		7- 1 - 72-	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M / 1	02		4
	Signature				

PAGE

OF

Schedule E)	VI EXI END	ITOTILO		PAGE 32 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	c Distribution/Dissemination
ERIC TABÁRY			10	31 / 2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		55.00
METAIRIE	LA	70003		ID: f43897ed-5eb2-4b42-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	225731.03	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ▶
Full Name of Payee			Date of Publi	c Distribution/Dissemination
ERIC TABARY			10	31 / 2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		1.50
METAIRIE	LA	70003		D: d9f9d3ac-b89a-4c72-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	225731.03	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			56.50
			-	7
(b) SUBTOTAL of Unitemized Independent Expendent	itures		· •	
(c) TOTAL Independent Expenditures			<b>•</b>	1 1 7 1 1 7 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 02	2014
-				

· · ·						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)					FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report 48-hour report	New repo	ort Am	ends repo	rt filed on	M = M	/ D = D /	Y I Y I Y I Y
Full Name of Payee David Podbielski				Date	e of Pub	olic Distribution/	Dissemination
					10	31	2014
Mailing Address 137 Cove PI				Amo	ount		
City	State	Zip Code					48.30
Moravian Falls	NC	28654				n ID: 357aadfc bursement or C	
Purpose of Expenditure Salary		Category/ Type	001		10	31	2014
Name of Federal Candidate			Support	Office Sou	ght:	House	District: 00
Ms. Kay Hagan			Oppose		ident	Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	10	81521.47		Disbursem 2014		Primary specify) ▶	X General
Full Name of Payee David Podbielski  Mailing Address 137 Cove Pl					e of Pub	Distribution	/Dissemination
City	State	Zip Code		F			15.30
Moravian Falls	NC	28654				ID: 94ba8e0a	·1411-46bb-9
Purpose of Expenditure Mileage		Category/ Type	002		10	31	2014
Name of Federal Candidate		S	Support	Office Sou	ght:	House	District:00
Ms. Kay Hagan		$\overline{X}$	Oppose	Pres	ident	X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	1081521.47	7	Disbursem 2014		Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures	S			•		7	63.60
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			•		7 1 7	
(c) TOTAL Independent Expenditures				· • [		7 7	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized						
Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M M 11	02	201	
Signature							

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OF

Schedule E)	NOENT EXTEND	ITOTILO		PAGE 34 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour rep	port New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
Amelia Cox			M M /	31 / 2014
Mailing Address 1519 Walshtown Rd			Amount	
City	State	Zip Code		43.30
Boomer	NC	28606		D: 7ca71b7c-d739-4134-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	081521.47	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Jacob T Craig			10 /	31 2014
Mailing Address 1410 Bushville Dr			Amount	2514
City	Ctata	Zia Cada		80.00
City Lenoir	State NC	Zip Code 28645		0 : f04d9895-b8de-4acc-8 Irsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1081521.47	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Ex	penditures		<b>.</b>	123.30
(b) SUBTOTAL of Unitemized Independent	Expenditures			
,			7	4 4
(c) TOTAL Independent Expenditures			<b>•</b>	1 47 1 1 45 1
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 02	2014
- 3				

Schedule E)	<b>1011 1.1.51.1.1.</b> 1.1.5.	1101.20		PAGE 35 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 4	8-hour report New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Jacob T Craig			Date of Public	c Distribution/Dissemination
Mailing Address 1410 Bushville D	tr		10 Amount	31 2014
City	State	Zip Code		16.95
Lenoir	NC NC	28645		D: b5204fc6-46f6-4c3a-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	<u> </u>	Senate State: NC
Calendar Year-To-Date Per Election for Office Soug	nt 10	081521.47	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
Full Name of Payee Lee R Carter			Date of Public	Distribution/Dissemination
Mailing Address 3110 Brentwo	od Rd		Amount	31 2014
City	State	Zip Code		20.00
Raleigh	NC	27604	Transaction ID  Date of Disbu	<b>): 58926889-2b3c-4b92-a</b> ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 M	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Soug	ht	1081521.47	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Indepe	endent Expenditures			36.95
(b) SUBTOTAL of Unitemized Inde	ependent Expenditures			
(c) TOTAL Independent Expenditu	ıres		<b>•</b>	7 7
Under penalty of perjury I certify the with, or at the request or suggesting party committee) any political party	on of, any candidate or authorized			
Ms. Emily Buchanan	[Electron:	ically Filed] Date	M M / D D D D D D D D D D D D D D D D D	2014
Signature				

Schedule E)	LIVI EXI LIVE	TIONES	<b>+</b>	PAGE 36 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Lee R Carter			10	31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3110 Brentwood Rd			Amount	
City	State	Zip Code		7.20
Raleigh	NC	27604		D: be635036-e48a-487b-9 rement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	081521.47	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Ms. Tonya Boyd			10	31 / 2014
Mailing Address 2357 Fancy Cap Rd			Amount	
City	State	Zip Code		45.00
Mt. Airy	NC	27030		: d10ae236-dee0-4306-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1081521.47	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	itures		<b>•</b>	52.20
				7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>•</b>	4
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 02	2014
· 😈 ····· -				

Schedule E)	LIVI LXI LIV	TIONES	_	AGE 37 OF 148 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	istribution/Dissemination
Ms. Tonya Boyd			10	31 2014
Mailing Address 2357 Fancy Cap Rd			Amount	
City	State	Zip Code		12.24
Mt. Airy	NC	27030		<b>0287c972-263b-4904-a</b> ment or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	081521.47	Disbursement For:  2014  Other (specified)	Primary
Full Name of Payee			Date of Public D	istribution/Dissemination
Hannah J Landry			M = M / 10	31 2014
Mailing Address 1110 N Coolidge			Amount	2014
City	State	Zip Code		25.00
Gonzales	LA	70737		Pe0f09e7-e71a-450f-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		225731.03	Disbursement For: 2014 Other (speci	Primary
(a) SUBTOTAL of Itemized Independent Expendent	itures			37.24
			7	4
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>	A92 1 A52
(c) TOTAL Independent Expenditures			<b>•</b>	9 1 9
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 02	2014
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Schedule E)	I EXI ENDI	TOTILO		PAGE 38 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Hannah J Landry			Date of Public	Distribution/Dissemination
Mailing Address 1110 N Coolidge			10 Amount	31 2014
			711104111	
City Gonzales	State LA	Zip Code 70737	Transaction II	7.50 D : <b>74ba76c8-7244-46ce-a</b>
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbur	rsement or Obligation  31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Туре		
Name of Federal Candidate  Ms. Mary L Landrieu		Support  Oppose	Office Sought:	House District: 00  Separate State: LA
Calendar Year-To-Date		Орроse	Disbursement For:	Senate State: LA  Primary General
Per Election for Office Sought		25731.03	2014 Other (spe	
Full Name of Payee Mary C Lee				: Distribution/Dissemination
Mailing Address			10	31 / 2014
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		25.00
Gonzales	LA	70737		: 87db935a-85b9-49b2-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	225731.03	Disbursement For: 2014 Other (spe	Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditure	S		<b>)</b>	32.50
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 02	2014
Olyriature				<del></del>

Schedule E)	INT EXI END	HONES		PAGE 39 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Mary C Lee			M 10	31 / 2014
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		7.50
Gonzales	LA	70737		on ID: 1e15d2ea-ff4a-4b59-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 <sup>M</sup>	31 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	225731.03	Disbursement For 2014 Other	r:
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Edmond D Rea			10	/ 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 416 Vine Dr			Amount	
City	State	Zip Code		65.00
Lawrence	KS	66049		n ID : 2ad63910-da96-4beb-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	-55	202795.52	Disbursement For 2014 Other	r:  Primary  X General (specify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures			72.50
				7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		• •	7 7 7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or in	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / D	
•				

	modulo L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Edmond D Rea	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
١	Mailing Address 416 Vine Dr	Amount
ł	City State Zip Code	11.70
	Lawrence KS 66049	Transaction ID : f4eb4ebd-0e99-41ff-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 / 31 / 2014
Ì	Name of Federal Candidate Support Office	Sought: House District:00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 202795.52  Disbut 2014	rsement For: Primary
ŀ	Full Name of Payee	Date of Public Distribution/Dissemination
١	Bethlehem R Romm	10 31 2014
	Mailing Address 2609 Bluestrem Dr	Amount
ı	City State Zip Code	20.00
١	Lawrence KS 66047	<b>Transaction ID : 4b15c17d-ff28-475a-b</b> Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 31 2014
١	Name of Federal Candidate Support Office	Sought: House District: 00
	W 0 0	President State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 202795.52	rsement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	31.70
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 02 2014
	Signature	
-		

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OF

Schedule E)	INT EXI END	THORIES		PAGE 41 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Bethlehem R Romm			M = M /	Distribution/Dissemination
Mailing Address 2609 Bluestrem Dr			Amount	31 2014
City	State	Zip Code		6.30
Lawrence	KS	66047		D: 37706bca-e578-4453-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	202795.52	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee  Jeffrey S Hauge				Distribution/Dissemination
Mailing Address 211 N Ashley Park			10	31 2014
211 N Ashiey Laik			Amount	
City	State	Zip Code		42.50
Wichita  Purpose of Expenditure	KS	67212		: 53cc9f67-01e0-4291-9 rsement or Obligation
Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	202795.52	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	48.80
(b) SUBTOTAL of Uniternized Independent Exper	iditures			
			4	4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 02	2014
Signataro				

Women Speak Out PAC    Coossarse   Cooksarse   Coossarse   Coossa		neddic E)	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Amount    Support   Asheur report   Asheur report   Asheur report   Asheur report   Asheur report   Asheur   Amount	VV	omen Speak Out PAC	C C00530766
Mailing Address 211 N Ashley Park  City State Zip Code KS 67212  Purpose of Expenditure Mileage  Name of Federal Candidate Mn. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Mailing Address 12920 Kneeland Ln  City State Zip Code Purpose of Expenditure  Mileage  Date of Public Districtic 00  President Senate State: KS  Disbursement For: Primary General  Disbursement For: Primary General  Date of Public Distriction/Dissemination  Andera L Hammond  Mailing Address 12920 Kneeland Ln  Transaction ID: b209173c-dabb-4e9b-a Date of Disbursement For: Primary General  Disbursement For: Primary General  Date of Public Distriction/Dissemination  To 31 2014  Amount  City State Zip Code Andrea L Hammond  Mailing Address 12920 Kneeland Ln  Transaction ID: b209173c-dabb-4e9b-a Date of Disbursement For: Primary General  Date of Public Distriction/Dissemination  To 31 2014  Amount  City State Zip Code Transaction ID: b209173c-dabb-3bate of Disbursement or Offigation  To 31 2014  Amount  City State Zip Code Transaction ID: b209173c-dabb-3bate of Date of Disbursement or Offigation  To 31 2014  Amount  City State: Support  Name of Federal Candidate Mn. Mark L Pryor  Category/Type 001  Transaction ID: b209173c-dabb-3bate of Date of D	Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 211 N Ashley Park  City State Zip Code Wichita KS 67212  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Support City Senate State: KS  Calendar Year-To-Date Per Election for Office Sought 10 31 2014  Mailing Address 12920 Kneeland Ln  City State Zip Code President Senate State: KS  Purpose of Expenditure State: KS  Calendar Year-To-Date Per Election for Office Sought 10 31 2014  Mailing Address 12920 Kneeland Ln  City State Zip Code Noosho MO 64850  Purpose of Expenditure Salary  Name of Federal Candidate Mol 64850  Purpose of Expenditure Salary  Category/ O01 10 31 2014  Amount Senate State: KS  Disbursement For: Primary General Primary Complete Salary  Category/ O01 10 31 2014  Amount Miling Address 12920 Kneeland Ln  City State Zip Code Noosho Transaction ID: ear702a-0-c36-4dd9-9 Date of Disbursement or Obligation  Tr	Т	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code  Wichita KS 67212  Purpose of Expenditure Mileage  Name of Federal Candidate  Mr. Greg Orman  Calegory/ Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code  Mr. Greg Orman  City State Zip Code  Name of Payee  Andrea L Hammond  Mailing Address 12920 Kneeland Ln  City State Zip Code  No G4850  Purpose of Expenditure  Salary  Name of Federal Candidate  Mr. Mark L Pryor  Caledar Year-To-Date Per Election for Office Sought  Category/ No G4850  Purpose of Expenditure  Salary  Category/ Oo1  Type  Oo1  Type  Oo1  Type  Oo1  Type  Oo1  Type  Oo1  Transaction ID: b209173c-da4b-4e9b-a Date of Disbursement For: □ Primary ☐ General  Amount  Amount  City State Zip Code No G4850  Transaction ID: a7702ac-0c36-4dd9-3 Date of Disbursement or Obligation  Transaction ID: a7702ac-0c36-4dd9-3 Date of Disbursement or Obligation  Type  Oo1  Type  Oo1  Type  Oo2  Transaction ID: b209173c-da4b-4e9b-a Date of Disbursement For: □ Primary ☐ General  Amount  City State Zip Code  No G4850  Transaction ID: a7702ac-0c36-4dd9-3 Date of Disbursement or Obligation  Type  Oo1  Type  Oo1  Type  Oo1  Type  Oo1  Type  Oo1  Type  Oo2  Transaction ID: b209173c-da4b-4e9b-a Date of Disbursement For: □ Primary ☐ General  Amount  Amount  Option  Type  Oo1  Type  Oo1  Type  Oo1  Type  Oo1  Type  Oo1  Type  Oo2  Transaction ID: b209173c-da4b-4e9b-a Date of Disbursement For: □ Primary ☐ General  President ☐ Salary  Option  Type  Oo2  Transaction ID: b209173c-da4b-4e9b-a Date of Disbursement For: □ Primary ☐ General  Type  Oo2  Transaction ID: b209173c-da4b-4e9b-a Date of Disbursement For: □ Primary ☐ General  Type  Oo3  Type  Oo4  Obter (specify)  Oo5  Transaction ID: b209173c-da4b-4e9b-a Date of Disbursement For: □ Primary ☐ General  Type  Oo5  Transaction ID: b209173c-da4b-de9b-a Date of Disbursement For: □ Primary ☐ General  Type  Oo6  Type  Oo7		Jeffrey S Hauge	
Wichita KS 67212    Purposa of Expenditure   Category/    On2		Mailing Address 211 N Ashley Park	Amount
Wichita KS 67212    Purposa of Expenditure   Category/    On2	ŀ	City State Zin Code	9.90
Purpose of Expenditure Mileage    Name of Federal Candidate   Support		1	Transaction ID : b209173c-da4b-4e9b-a
Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Andrea L Hammond  Mailing Address 12920 Kneeland Ln  City State Category/ Neosho MO 64850  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-D		Mileage Category/ 002	M M / D D / Y Y Y Y
Mr. Greg Orman    Colendar Year-To-Date   President   Senate   State   KS	ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought    Pull Name of Payee Andrea L Hammond		Mr. Orace Orace	
Full Name of Payee Andrea L Hammond  Mailing Address 12920 Kneeland Ln  City State Zip Code Neosho MO 64850  Purpose of Expenditure Salary  Category/ Tiype 001  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Other (specify)   Date of Public Distribution/Dissemination  Amount  Amount  Transaction ID: ea7702a-0c38-4dd9-9 Date of Disbursement or Obligation  Transaction ID: ea7702a-0c38-4dd9-9 Date of Disburseme		000705 50	
Andrea L Hammond  Mailing Address 12920 Kneeland Ln  City State Zip Code Neosho MO 64850  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calegory/ Oppose  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Amount  Amount  Amount  Transaction ID: ea7702ac-0c36-4dd9-9  Date of Disbursement or Obligation  Transaction ID: ea7702ac-0c36-4dd9-9  Date of Disbursement or Obligation  Transaction ID: ea7702ac-0c36-4dd9-9  Date of Disbursement or Disburse	ļ	Fer Election for Office Sought	
Mailing Address 12920 Kneeland Ln  City State Zip Code Neosho MO 64850  Purpose of Expenditure Salary  Name of Federal Candidate State Support Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Amount  A			
Neosho  MO  64850  Transaction ID: ea7702ac-0c36-4dd9-9 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type  O01  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date President  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Off		Mailing Address 12920 Kneeland Ln	التناينا لنايا
Neosho  MO  64850  Transaction ID: ea7702ac-0c36-4dd9-9 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type  O01  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date President  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Off	ŀ	City State Zin Code	80.00
Purpose of Expenditure Salary    Name of Federal Candidate			Transaction ID : ea7702ac-0c36-4dd9-9
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures		Salany Odlegory/ 001	M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought  223618.14  Disbursement For: Primary General 2014  Other (specify)   (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought  223618.14  2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures		Mr. Mark L Pryor Oppose	President State: AR State:
(c) TOTAL Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  M. M	(	(a) SUBTOTAL of Itemized Independent Expenditures	89.90
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  MMMM  11  02  2014	(	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Date	(	(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 11 02 2014	٧	with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	
		[F1 - 4 1 1 - 1 - 1 - 1 - 1	

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Schedule E)	IVI EXI EIVE	TIONES	<u> </u>	PAGE 43 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Andrea L Hammond			M = M /	Distribution/Dissemination
Mailing Address 12920 Kneeland Ln			10 Amount	31 2014
City	State	Zip Code		44.70
Neosho	MO	64850	I	: ec717a04-fecf-4744-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7	223618.14	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Paulette M Carrieri			10	31 2014
Mailing Address 4805 TuPenny Lane			Amount	
City	State	Zip Code		15.00
Raleigh	NC	27606		: 414c1c01-01db-4fc3-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1081521.47	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ures			59.70
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>•</b>	
			4	4 4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 02	2014

Schedule Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
Paulette M Carrieri	10 31 2014
Mailing Address 4805 TuPenny Lane Amou	unt
City State Zip Code	2.40
Raleigh NC 27606 Trans	saction ID : 6170cb9f-36ad-4188-a of Disbursement or Obligation
Purpose of Expenditure	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Name of Federal Candidate Support Office Soug	ht: House District: 00
Ms. Kay Hagan Z Oppose Presid	dent Senate State: NC
Calendar Year-To-Date  Per Flection for Office Sought  1081521.47  Disburseme 2014	ent For: Primary X General
	Other (specify) ▶
Flvis Spears	e of Public Distribution/Dissemination
Mailing Address 2150 Hope St Amo	10 31 2014 ount
City State Zip Code	40.00
New Orleans LA 70119 Trans	saction ID: ed27c50c-cc93-4657-a of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Mary L Landrieu Oppose Presid	dent State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	42.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 11	02 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature	

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				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	F	EC I	DENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Ch	eck if $X$ 24-hour report 48-hour report New report Amends report filed	on M	М	/ D = D /	Y I Y I Y I Y
П	Full Name of Payee	Date of	Publ	ic Distribution/	Dissemination
	Elvis Spears		M	31	2014
	Mailing Address 2150 Hope St	Amount	t		
	City State Zip Code				2.40
	New Orleans LA 70119			ID: 328a9437 oursement or C	'-cd95-4483-8
	Purpose of Expenditure Mileage  Category/ Type 002	M	10 <sup>M</sup>	31	2014
	Name of Federal Candidate Support Office	Sought:		House	District:00
	Ms. Mary L Landrieu	Presider		Senate	State:LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 225731.03  Disbut 2014	rsement Oth		Primary pecify) ▶	X General
	Full Name of Payee Philip Elkins		f Publ	lic Distribution	/Dissemination
	Mailing Address 227 Lincoln Dr	Amoun	10 t	31	2014
	City State Zip Code				60.00
	Bossier City LA 71111			D: 98b59d30 oursement or (	-570b-4c8b-8
	Purpose of Expenditure Salary  Category/ Type  001	M	M 10	/ 31	2014
	Name of Federal Candidate Support Office	Sought:		House	District: 00
	Ms. Mary L Landrieu Oppose	Presider	nt [	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary pecify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures		-7-	7	62.40
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures	<u> </u>			
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 /	02	201	4
	Signature				

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed or	1 M M / D D / Y Y Y Y Y
	Date of Public Distribution/Dissemination
Philip Elkins	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 227 Lincoln Dr	Amount
City State Zip Code	11.58
Bossier City LA 71111 T	ransaction ID: 84ebda7c-3a38-42af-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 31 7 2014
Name of Federal Candidate Support Office S	ought: House District:00
Ms Mary I Landrieu	resident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburse 225731.03  Disburse	ement For: Primary
Full Name of Payee Ralph Smith	Date of Public Distribution/Dissemination
·	10 31 2014
Mailing Address 2090 Fancy Gap Rd	Amount
City State Zip Code	45.00
	ransaction ID: dd753f26-9915-491d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 31 / 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Kay Hagan Oppose P	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	56.58
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
T	Full Name of Payee	Date of Public Distribution/Dissemination
	Ralph Smith	10 31 2014
	Mailing Address 2090 Fancy Gap Rd	Amount
ŀ	City State Zip Code	12.24
	Mt. Airy NC 27030	Transaction ID: 6ef85f06-3369-4676-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 / 31 / 2014
Ī	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary
	Full Name of Payee Sommer E Cox  Mailing Address 1519 Walshtown Rd	Date of Public Distribution/Dissemination  M 10
ŀ	City State Zip Code	50.30
	Boomer NC 28606	Transaction ID: 680bce18-6693-4581-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 31 2014
ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
(	a) SUBTOTAL of Itemized Independent Expenditures	62.54
(	b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(	c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date	1 02 2014
	oignaturo	

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Schedule E)	IVI EXI END	TTOTILO	<u> </u>	PAGE 48 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Sommer E Cox			10	31 / 2014
Mailing Address 1519 Walshtown Rd			Amount	
City	State	Zip Code		8.10
Boomer	NC	28606		9: 077cc580-6425-4657-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	11	081521.47	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Christopher L Gilbert			10 /	31 / 2014
Mailing Address 55 Lovell Johnson Rd			Amount	
City	State	Zip Code		45.00
Picayune	MS	39466		: d8a00c8b-af7f-445c-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	225731.03	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendit	Iros			53.10
(a) SOBIOTAL OF HOMIZED INDEPENDENT EXPENDING	1100		7	33.10
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>&gt;</b>	4 1 4
(c) TOTAL Independent Expenditures			<b>•</b>	1 7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	iically Filed] Date	11 02	2014
- 3				

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	I on Man / Dab / Yaryay
Full Name of Payee Christopher L Gilbert	Date of Public Distribution/Dissemination
·	10 31 2014
Mailing Address 55 Lovell Johnson Rd	Amount
City State Zip Code	44.10
Picayune MS 39466	Transaction ID: 0f9a4098-2bfd-41c4-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disb	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Patricia F Arnold	10 31 2014
Mailing Address 1117 Clipper Dr	Amount
City State Zip Code	23.00
Slidell LA 70458	Transaction ID : 499af9fb-a80d-453f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 31 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disb 225731.03	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	67.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule	E)		110.120		PAGE 50 OF 148 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if X	24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Nam Patric	e of Payee sia F Arnold	<u> </u>			of Public Distribution/Dissemination
Mailing A	Address 1117 Clipper Dr			Amour	10 31 2014
City		State	Zip Code		3.90
Slidell		LA	70458		action ID : c42cd808-8151-4abf-9 of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		10 31 2014
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mar	y L Landrieu		X Oppose	Preside	ent Senate State: LA
	endar Year-To-Date Election for Office Sought	2	225731.03	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
Full Nam <b>Jeann</b>	ne of Payee ne Tribou				of Public Distribution/Dissemination
Mailing A	Address 22369 Ponderosa Dr.			Amou	للنبا لنا ك
City		State	Zip Code		50.00
Mandev	···	LA	70471	Transa Date o	ction ID : 6255e6ae-fed3-4431-b of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001	M	10 / 31 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mar	y L Landrieu		X Oppose	Preside	
	endar Year-To-Date Election for Office Sought		225731.03	Disbursemen 2014 O	t For:
(a) SUBT	OTAL of Itemized Independent Expendit	tures			53.90
(b) SUBT	OTAL of Unitemized Independent Exper	nditures		· •	4
(c) TOTA	L Independent Expenditures			•	7 1 7 1 7
with, or at	nalty of perjury I certify that the indeper the request or suggestion of, any cand mittee) any political party committee or	lidate or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	M M / /	02 / 2014
Signatu	ure				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if $X$ 24-hour report 48-hour report $X$ New report $X$ Amends report filed	on M M / D D / Y Y Y Y Y
$\Box$	Full Name of Payee  Jeanne Tribou	Date of Public Distribution/Dissemination
		10 31 2014
	Mailing Address 22369 Ponderosa Dr.	Amount
	City State Zip Code	12.90
	Mandeville LA 70471	Transaction ID: 165cccba-0bab-465c-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 / 31 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbu 225731.03  2014	rsement For:
	Full Name of Payee Jonathan P Barnell	Date of Public Distribution/Dissemination
	Mailing Address 3847 SW Atwood Terrace	Amount
	City State Zip Code	30.00
	Topeka KS 66610	Transaction ID: aa4e4e04-4dfd-4e68-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 / 31 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 202795.52	rsement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	42.90
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date 1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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Scł	hedule E)	7101120		PAGE 52 OF 148 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FE	EC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C00530766
Che	ck if X 24-hour report 48-hour report New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
T	Full Name of Payee Marsha Barnell		M	
	Mailing Address 3847 SW Atwood Terrace		Amount	31 2014
-	City State	Zip Code	-	20.00
	Topeka KS	66610		tion ID: 38172443-2052-42ee-b Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M 10	M / D D / Y Y Y
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Greg Orman	Oppose	President	
	Calendar Year-To-Date Per Election for Office Sought	202795.52	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
	Full Name of Payee Marsha Barnell  Mailing Address 3847 SW Atwood Terrace		Date of	
	- COAT ON THROOG TOTAGE		Amount	
	City State Topeka KS	Zip Code 66610		15.00 ion ID : b51d2563-25ba-4cf7-a Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	Date of	M / D D / Y Y Y
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Mr. Greg Orman	X Oppose	President	
	Calendar Year-To-Date Per Election for Office Sought	202795.52	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures			35.00
(I	b) SUBTOTAL of Unitemized Independent Expenditures			4 1 4 1 4 1
(0	c) TOTAL Independent Expenditures		·	7 1 7 1 7
W	Inder penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
		nically Filed] Date		02 2014
	Signature			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Antoinette Franklin	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8822 Apple St	nount
City State Zip Code	80.00
New Orleans LA 70188 Tra	nnsaction ID : 129f398a-37a1-4cbf-a te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursem 225731.03	
Full Name of Payee Dat	Other (specify) ▶te of Public Distribution/Dissemination
Antonette Frankliff	10 31 2014
Mailing Address 8822 Apple St	nount
City State Zip Code	19.50
	nsaction ID: 38968de4-a02c-4d00-a te of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 31 / 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	99.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ D D / Y Y Y Y Y O2 2014
Signature	

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OF

		FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	ck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
I	Full Name of Payee Tammay Williams	Date of Public Distribution/Dissemination
	•	10 / 31 / 2014
	Mailing Address 924 N. Prieur St	Amount
	City State Zip Code	80.00
	New Orleans LA 70116	Transaction ID: 4583f6b9-0037-4744-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 31 2014
Ī	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms Mary Llandriau	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary
ľ	Full Name of Payee Tammay Williams	Date of Public Distribution/Dissemination
-	Mailing Address 924 N. Prieur St	10 31 2014 Amount
-	City State Zip Code	19.50
	,	Transaction ID : cc80ae80-f7ee-40f0-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 31 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For: Primary X General  Other (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures	99.50
(k	b) SUBTOTAL of Unitemized Independent Expenditures	
(0	c) TOTAL Independent Expenditures	
W	nder penalty of perjury I certify that the independent expenditures reported herein were not ma ith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 11	M / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

PAGE

OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on	= M	/ D = D /	Y = Y = Y
П	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Eva M Johnston	М	10 <sup>M</sup>	31	2014
	Mailing Address 2517 N 47th St	Amou	nt		
	City State Zip Code	Г.			55.00
	Milwaukee WI 53210			n ID: 98ce448f bursement or C	-f97e-492b-8
	Purpose of Expenditure Salary  Category/ Type 001		10 <sup>M</sup>	31	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Greg Orman Oppose	Preside		X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 202795.52  Disbut 2014	rsemen		Primary specify) ▶	General
١	Full Name of Payee			olic Distribution	Discomination
	Hope Benner	Date		/ Distribution	2014
	Mailing Address 2073 A Clover Ave	Amou	-	ų.	2011
1	City State Zip Code				60.00
	Springdale AR 72764			ID: a818f720- bursement or (	6594-49c2-b
	Purpose of Expenditure Salary  Category/ Type  001	_	10 <sup>M</sup>	31	2014
1	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside	ent	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary specify) ▶	K General
	(a) SUBTOTAL of Itemized Independent Expenditures				115.00
	(b) SUBTOTAL of Unitemized Independent Expenditures			, ,	
	(c) TOTAL Independent Expenditures			7 - 7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	02		4
	Signature				

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OF

Schedule E)	IVI EXI END	TIONES		PAGE 56 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	c Distribution/Dissemination
Hope Benner  Mailing Address 2073 A Clover Ave			10	31 2014
2073 A Clover Ave			Amount	
City	State	Zip Code		12.00
Springdale	AR	72764		ID: b321fc29-2462-431b-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	223618.14	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Monique Guillory			10	31 2014
Mailing Address 409 LaSalle Drive			Amount	
City	State	Zip Code		60.00
Little Rock	AR	72211		D: 625a682e-9d89-4d91-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	223618.14	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	Ires			72.00
(a) CODICINE OF ROMESON MAGRICULAR EXPONDING			-	72.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		• •	4
(c) TOTAL Independent Expenditures			•	1171171
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 02	2014
-				

	,		FOR SE OF	FORM 24/48
	COMMITTEE (In Full)	FEC I	IDENTIFICATION	ON NUMBER ▼
vvome	n Speak Out PAC	С	C00530766	
Check if	X 24-hour report 48-hour report New report Amends report filed on	M = M	/ D D /	Y = Y = Y
	ame of Payee Date		lic Distribution/	
		10	31	2014
Mailin	g Address 409 LaSalle Drive Amo	unt		
City	State Zip Code			45.00
Little	Rock AR 72211 Tran		ID: 55e9c53a oursement or C	
Purpo Milea	ge Category/ Type 002	M 10	31	2014
Name	of Federal Candidate Support Office Soug	jht:	House	District: 00
Mr. N	ark L Pryor Oppose President	dent	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbursement 223618.14		Primary specify) ▶	X General
		of Pub	olic Distribution/	Y I Y I Y I Y
Mailin	g Address 4006 Wolkswalk Place Amo	10 ount	31	2014
City	State Zip Code			20.00
Rale			ID: 697843f5-4 oursement or C	
Purpo Sala	se of Expenditure	10 <sup>M</sup>	31	2014
Name	of Federal Candidate Support Office Soug	ght:	House	District:00
Ms. K	ay Hagan Oppose Presi	dent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014		Primary	K General
(a) SU	BTOTAL of Itemized Independent Expenditures			65.00
(b) SU	BTOTAL of Unitemized Independent Expenditures	-7		
(c) TO	TAL Independent Expenditures			
with, or	penalty of perjury I certify that the independent expenditures reported herein were not made in at the request or suggestion of, any candidate or authorized committee or agent of either, or (inspection) any political party committee or its agent.			
0:	Ms. Emily Buchanan [Electronically Filed] Date 11	02	201	
Sigr	ature			

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OF

Schedule Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
Diane Smith	10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4006 Wolkswalk Place Ame	ount
City State Zip Code	6.30
Raleigh NC 27610 Trai	nsaction ID : 3d881d9e-edff-4073-9 e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  O02	10 31 7 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Kay Hagan Oppose Pres	ident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	ent For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee Date Sasha L McClure	te of Public Distribution/Dissemination
Mailing Address 2914 Anderson Rd Am	10 31 2014 ount
City State Zip Code	98.50
	saction ID : 7ee19cae-f0f9-45f7-a te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 31 2014
Name of Federal Candidate Support Office Sou	ight: House District:00
Ms. Kay Hagan Oppose Pres	sident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	104.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	02 / 2014
Signature	

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OF

Schedule E)	INI EXI END	ITOTILO	<u> </u>	PAGE 59 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Eugenio R McClure			M = M /	Distribution/Dissemination
Mailing Address 2914 Anderson Rd			10 Amount	31 2014
City	Obsta	7'- 0-1-		00.50
City  Burlington	State NC	Zip Code 27217		98.50 9: <b>066e8a69-eb28-4d76-a</b> sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	10	081521.47	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Eugenio R McClure			Date of Public	Distribution/Dissemination
Mailing Address 2914 Anderson Rd			10	31 2014
			Amount	
City	State	Zip Code		14.10
Burlington  Purpose of Expenditure	NC	27217		: d2165267-1fd0-4738-9 sement or Obligation
Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	1081521.47	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expend	tures		•	112.60
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
(b) GODICIAL of Chilemizod Independent Expe			<b>P</b>	7 7
(c) TOTAL Independent Expenditures			<b>•</b>	/95 / /55
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 02	2014
Signature				

Schedule E)	II EXI END	ITOTILO		PAGE 60 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		* M / D = D / Y = Y = Y
Full Name of Payee Claire A Smith				of Public Distribution/Dissemination
Mailing Address 6610 Walcott Rd			— L	10 31 2014
			Amou	nt
City	State	Zip Code		20.00
Paragoud	AR	72450		action ID: 1e0a68c4-a14e-4f3f-b  f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	10 / 31 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	ent State: AR
Calendar Year-To-Date Per Election for Office Sought	;	223618.14	Disbursemen 2014 O	t For: Primary ⊠ General ther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
Claire A Smith			- N	10 31 2014
Mailing Address 6610 Walcott Rd			Amou	nt
City	State	Zip Code		3.60
Paragoud	AR	72450		oction ID : afe08b39-7c1d-496c-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	The state of the s	10 31 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark L Pryor		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	223618.14	Disbursemen 2014	t For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditur	es			23.60
(b) CUPTOTAL of Heliconics delegans dead Forest			-	7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	itures		•	4
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11	02 / 2014
olgilatule				

Schedule E)	LIVI EXI END	TTOTILO		PAGE 61 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Anthony Pearson			M = M /	Distribution/Dissemination
Mailing Address 112 apache Dr			10 Amount	31 2014
City	Ctoto	Zin Codo		20.00
City Search	State AR	Zip Code 72149		20.00 D : 4f61c08a-25a4-4c04-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	, , ,	223618.14	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Anthony Pearson			10	31 / 2014
Mailing Address 112 apache Dr			Amount	
City	State	Zip Code		3.60
Search	AR	72149		: 7b5f7b5c-d12f-45f0-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		223618.14	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	itures		<b>•</b>	23.60
(b) SUBTOTAL of Unitemized Independent Expe	nditures			7 1 7
			-	4 4
(c) TOTAL Independent Expenditures			<b>)</b>	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 02	2014
Signature				

Schedule E)	AI ENDITOTIES	PAGE 62 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if X 24-hour report 48-hour report	New report Amends report	filed on filed on
Full Name of Payee Talia J DeGisi		Date of Public Distribution/Dissemination
Mailing Address 9513 Beverly Dr		10 31 2014 Amount
City Sta	te Zip Code	27.50
Overland Park KS	•	Transaction ID : db6e033a-15d6-44c5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 31 / 2014
Name of Federal Candidate	Support	Office Sought: House District:00
Mr. Greg Orman	X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General  2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Talia J DeGisi		10 31 Y Y Y Y
Mailing Address 9513 Beverly Dr		
		Amount
City	te Zip Code	4.50
Overland Park K	S 66207	Transaction ID : eefa9759-350c-4624-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 31 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Greg Orman	X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
_		
(a) SUBTOTAL of Itemized Independent Expenditures		32.00
(b) SUBTOTAL of Unitemized Independent Expenditures.		<b>•</b>
(c) TOTAL Independent Expenditures		·
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of	
Ms. Emily Buchanan	[Electronically Filed] Date	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	PAGE 63 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends rep	port filed on
Full Name of Payee Carol L Walters	Date of Public Distribution/Dissemination
Mailing Address 1900 Glen West Way	10 31 2014 Amount
City State Zip Code	85.00
Fort Smith AR 72916	Transaction ID : 02d9a91a-1050-4439-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  00	1 10 31 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  223618.14	Disbursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Carol L Walters	10 31 / Y Y Y Y Y
Mailing Address 1900 Glen West Way	Amount
014	
City State Zip Code Fort Smith AR 72916	6.60  Transaction ID : 5d7d5d3b-d5e6-4d1e-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	M M / D D / Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 223618.14	Disbursement For:  Primary  General  2014  Gher (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	91.60
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	···· <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein wer with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Da	te 11 02 2014
Signature	

Sch	edule E)	// LITE.	101120				PAGE 64 OF 148 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC						C00530766
 Check	k if X 24-hour report 48-hour report	New repo	ort Am	ends repc	ort filed on	M = M /	/ D D / Y T Y T Y
T F	Full Name of Payee Leona Martin				Dat	e of Public	c Distribution/Dissemination
						10	31 2014
IV	Mailing Address 9901 Floyd St				Am	ount	
С	Dity Sta	ate	Zip Code				35.00
	Overland Park K	.s 	66212				ID: fd850e0e-4b74-4b8c-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10	31 2014
N	lame of Federal Candidate		<u> </u>	Support	Office Sou	aht:	House District:00
N	Mr. Greg Orman			Oppose		_	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	2	202795.52	$\square$	Disbursem 2014	ent For: Other (sp	Primary
					Dat	te of Publi	ic Distribution/Dissemination
	Leona Martin					M = M	/ DID / YIYIYIY
 	Mailing Address 9901 Floyd St					10	31 2014
	Mailing Address 9901 Floyd St				Am	ount	
С	Dity Sta	ate	Zip Code				5.40
		KS	66212				D: 580a3ad8-5b04-437d-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		10	31 2014
N	Name of Federal Candidate			Support	Office Sou	ıght:	House District: 00
N	Mr. Greg Orman			Oppose	Pres	sident	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		202795.52	2	Disbursem 2014	nent For: Other (sp	Primary
(a)	) SUBTOTAL of Itemized Independent Expenditures				▶	7	40.40
(b)	) SUBTOTAL of Unitemized Independent Expenditures				·· •		
(c)	) TOTAL Independent Expenditures						
wit	nder penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate or rty committee) any political party committee or its agen	r authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M M	/ 02	/ Y Y Y Y Y Y 2014
	Signature		_	Date			

Schedule E)	KI LIVDII	Onlo		PAGE 65 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New report	: Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee Robert B Johnson				of Public Distribution/Dissemination
Mailing Address 804 Worthington Way			Amou	10 31 2014
			Amou	
City State		ip Code		50.00
Wilmington	2	8411		action ID: 6bd65677-aeda-4626-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	TV	10 31 / 2014
Name of Federal Candidate	I I	Support	Office Sough	t: House District:00
Ms. Kay Hagan		Oppose	Preside	ent State: NC
Calendar Year-To-Date Per Election for Office Sought	1081	1521.47	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
Timothy Foley				10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 20679 Glenbrook Terrace			Amou	
City Stat	te Z	ip Code	<u> —</u> г.	40.00
Sterling VA		20165		oction ID : cdf2c9d3-bcc4-4a35-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 31 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:00
Mr. Greg Orman		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		202795.52	Disbursemer 2014 C	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures				90.00
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures			•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized c			
Ms. Emily Buchanan Signature	[Electronica	ully Filed] Date	11	02 / 2014
Signature				

Schedule E)		1101120		PAGE 66 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Julia Perry			M = M	olic Distribution/Dissemination
Mailing Address 2046 Perrin St Apt C			Amount	31 2014
City	State	Zip Code	—	80.00
Shreveport	LA	71101		n ID : 7e7fdc25-c104-4c89-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		225731.03	Disbursement For: 2014 Other (	Primary
Full Name of Payee Daniel M Qauckenbush			Date of Pul	blic Distribution/Dissemination
Mailing Address 12062 NC 902 Hwy			Amount	
City	State	Zip Code		62.50
Bear Creek	NC	27207	Transaction Date of Dis	ID: ef55e1f9-ef1a-4105-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1081521.47	Disbursement For 2014 Other	Primary
(a) SUBTOTAL of Itemized Independent Expendit	tures		<b>•</b>	142.50
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	lidate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	11 02	
Signature				

<b>,</b>				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour repor	t New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Daniel M Qauckenbush			Date	of Public Distribution/Dissemination
				10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 12062 NC 902 Hwy			Amor	unt
City	State	Zip Code		22.80
Bear Creek	NC	27207	Tran Date	saction ID: 33e07045-9a17-4870-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 31 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presid	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	81521.47	Disburseme 2014	nt For:
Full Name of Payee Tabitha J Barnett			Date	of Public Distribution/Dissemination
Mailing Address 1001 N Prospect			Amo	
City	State	Zip Code	— F	40.00
Liberal	KS	67901		action ID: 76b73467-20cb-4f33-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 / 31 / 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Greg Orman		X Oppose	Presid	dent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		202795.52	Disburseme 2014	nt For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		. •	62.80
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· •	7 7
(c) TOTAL Independent Expenditures			•	7 . 7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any coparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 11	02 / 2014
Signature				

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OF

Schedule E)	/LIVI L/XI LIX	1101120		PAGE 68 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Tabitha J Barnett			M = M	blic Distribution/Dissemination
Mailing Address 1001 N Prospect			Amount	31 2014
City	State	Zip Code		4.86
Liberal	KS	67901		n ID : c6a44e1b-e59e-4865-b
Purpose of Expenditure Mileage		Category/ Type 002	M 10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	202795.52	Disbursement For: 2014 Other (	Primary
Full Name of Payee Maria A Britt			Date of Pu	blic Distribution/Dissemination
Mailing Address 4894 Thunder Bolt			Amount	31 2014
City	State	Zip Code		35.00
Concord	NC	28205	Transaction Date of Dis	ID: afea1d6d-f6a4-43f5-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 <sup>M</sup>	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1081521.47	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expen	ıditures			39.86
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		·· •	7   7   7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	andidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11 02	
Signature				

Schedule E)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1101120		PAGE 69 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak C	Out PAC				C C00530766
Check if 24-hour re	port 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee OLynda Walk	er				of Public Distribution/Dissemination
Mailing Address 100	000 Mount Pleasant Rd			Amour	10 31 2014
City		State	Zip Code		35.00
Midland		NC	28107		action ID : 2a61eb27-7e52-4f7c-9 of Disbursement or Obligation
Purpose of Expendit Salary	ure		Category/ Type 001		10 31 / 2014
Name of Federal Ca	ndidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			Oppose	Preside	ent Senate State: NC
Calendar Year-T Per Election for		10	081521.47	Disbursement 2014 Of	t For: Primary X General
Full Name of Payee OLynda Walke	er				of Public Distribution/Dissemination
Mailing Address 1	0000 Mount Pleasant Rd			Amou	للنبا لنا ك
City		State	Zip Code		14.10
Midland		NC	28107	Transa Date o	ction ID: 41276b95-8a63-44b9-9 of Disbursement or Obligation
Purpose of Expendit Mileage	ure		Category/ Type 002	M	10 / 31 / 2014
Name of Federal Ca	ndidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan			Oppose	Preside	-
Calendar Year-T Per Election for			1081521.47	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Ite	mized Independent Expendit	ures		•	49.10
(b) SUBTOTAL of Ur	nitemized Independent Expen	nditures			141141141
(c) TOTAL Independent	ent Expenditures			•	
with, or at the reques		lidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	y Buchanan	[Electron	nically Filed] Date	, 11 /	02 / 2014
Signature					

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed of		- M	/ D = D /	Y = Y = Y = Y
Т	Full Name of Payee	Date o	f Pub	lic Distribution/	Dissemination
	Aleksandra B Padua		10 <sup>M</sup>	31	2014
	Mailing Address 110 Bridge gate Dr	Amour	nt		
ŀ	City State Zip Code	Г.			55.00
	Cary NC 27519	Transa Date o	action of Disl	n ID: 6b1a86f3 bursement or C	<b>-9321-43d0-b</b>
	Purpose of Expenditure Salary  Category/ Type  001		10 <sup>M</sup>	31	2014
ı	Name of Federal Candidate Support Office	Sought	t:	House	District:00
	Ms Kay Hagan	Preside		Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	sement		Primary specify) ▶	<b>X</b> General
ŀ	Full Name of Payee			olic Distribution/	Dissemination
	Aleksandra B Padua	M	10 <sup>M</sup>	/ 31	2014
ľ	Mailing Address 110 Bridge gate Dr	Amour			
ŀ	City State Zip Code	Г.			10.86
				ID: b3fd8928- bursement or 0	ddce-4be2-a
	Purpose of Expenditure Mileage  Category/ Type  002	M	10 <sup>M</sup>	31	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	ent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	rsemen		Primary specify) ▶	X General
(	a) SUBTOTAL of Itemized Independent Expenditures	Ľ.			65.86
(	b) SUBTOTAL of Unitemized Independent Expenditures				
(	c) TOTAL Independent Expenditures			7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 11	M /	02		4
	Signature				

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Avery Rodriguez	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 11 Cooper Lane	Amount
	City State Zip Code	74.00
	Conway AR 72034	Transaction ID : 57a3001c-a4d7-44da-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 31 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 223618.14	ursement For: Primary
	Full Name of Payee	Date of Public Distribution/Dissemination
	Avery Rodriguez	10 31 2014
	Mailing Address 11 Cooper Lane	Amount
	City State Zip Code	63.30
	Conway AR 72034	Transaction ID: 408f8c3f-f09d-4ea8-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 31 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 223618.14	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	137.30
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

PAGE

OF

Schedule E)	IVI EXPEND	TIONES		PAGE 72 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FF	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Edward N Walker			M	
Mailing Address 3 Girard St			Amount	31 2014
City	State	Zip Code		60.00
Ft Smith  Purpose of Expenditure	AR	72901 Category/		ion ID : 10b80b0f-ad4e-457e-b Disbursement or Obligation
Salary		Type 001	10	31 2014
Name of Federal Candidate  Mr. Mark L Pryor		Support Oppose	Office Sought:  President	House District: 00  Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	223618.14	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
Full Name of Payee Edward N Walker			Date of F	
Mailing Address 3 Girard St			Amount	
City Ft Smith	State AR	Zip Code 72901	Transacti	23.10 on ID : f36839db-1ca1-4af7-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of I	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor  Calendar Year-To-Date		∑ Oppose	President  Disbursement F	Senate State: AR  or: Primary General
Per Election for Office Sought		223618.14	2014 Othe	er (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	ures			83.10
(b) SUBTOTAL of Unitemized Independent Expen	ditures		·· •	71171171
(c) TOTAL Independent Expenditures			· •	7 1 7 1 2
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		02 / 2014

Schedule E)	I EXI END	ITOTILO		PAGE 73 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Sue G Walker			Date of Public	Distribution/Dissemination
Mailing Address 3 Girard			10	31 2014
City	State	Zin Codo		80.00
Fort Smith	AR	Zip Code 72901		D: 701c289a-ea36-45eb-b
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, 2	223618.14	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Sue G Walker			M = M	c Distribution/Dissemination
Mailing Address 3 Girard			Amount	31 2014
City	State	Zip Code		35.10
Fort Smith	AR	72901		D: 57288bcd-69e2-4118-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 M	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	223618.14	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		·	115.10
(b) SUBTOTAL of Unitemized Independent Expendi	tures			7 7 7
				4
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 02	2014
Signature				

Schedule E)	IVI EXI END	HONES		PAGE 74 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Krista J Smith			10	31 / 2014
Mailing Address 41176 Bertville Rd			Amount	
City	State	Zip Code		15.00
Gonzales	LA	70737		ID: a373effe-e4c2-4d1a-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	:	225731.03	Disbursement For: 2014 Other (s	Primary ⊠ General Specify) ►
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Krista J Smith			10	31 2014
Mailing Address 41176 Bertville Rd			Amount	
City	State	Zip Code		2.10
Gonzales	LA	70737		ID: 09138f61-b6eb-480a-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	225731.03	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			17.10
,				4 4
(b) SUBTOTAL of Unitemized Independent Expen	ditures		. •	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 02	2014

				FOR SE OF	FORM 24/48
	OF COMMITTEE (In Full)	FE	CIE	DENTIFICATION	ON NUMBER ▼
VVO	men Speak Out PAC			C00530766	
Check	if X 24-hour report 48-hour report New report Amends report filed on	M	VI /	D D /	Y = Y = Y
		ate of F	Public	c Distribution/	Dissemination
	Kyler A Jost	M 10		31	2014
M	ailing Address 1830 College Height Rd	mount			
С	ity State Zip Code				20.00
	Manhattan KS 66502 T	ransact	i <b>on I</b> Disbu	ID: 8425ca69 ursement or C	<b>9-3fcb-4105-b</b> Obligation
	curpose of Expenditure Salary  Category/ Type  001	M 10		31	2014
N	ame of Federal Candidate Support Office S	ought:		House	District: 00
M	1r. Greg Orman Oppose Pr	esident		X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disburse 202795.52  Disburse 2014	_		Primary	X General
	Viler A Jost		Publi		/Dissemination
N	lailing Address 1830 College Height Rd	mount		31	2014
С	ity State Zip Code				1.20
N				D: 0b072820- ursement or (	
	urpose of Expenditure Mileage  Category/ Type  002	M 10	M	31	2014
N	ame of Federal Candidate Support Office S	ought:		House	District: 00
N	Mr. Greg Orman Oppose Pr	resident		X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disburse 2014			Primary	
(a)	SUBTOTAL of Itemized Independent Expenditures		- <del>-</del> -		21.20
(b)	SUBTOTAL of Unitemized Independent Expenditures		7		
(c)	TOTAL Independent Expenditures		-7-	1 1 7	
with	der penalty of perjury I certify that the independent expenditures reported herein were not made n, or at the request or suggestion of, any candidate or authorized committee or agent of either, or ty committee) any political party committee or its agent.				
-	Ms. Emily Buchanan [Electronically Filed] Date 11	/ D	02	/ Y Y 201	
	Signature				

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Schedule E)	II EXI END	ITOTILO		PAGE 76 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Luke S Buren			10	31 / 2014
Mailing Address 415 E Carroll			Amount	
City	State	Zip Code		35.00
Macomb	IL	61455		on ID: 89c1522b-b19b-4665-b isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	223618.14	Disbursement Fo	or: Primary X General (specify) ▶
Full Name of Payee	_		Date of P	Public Distribution/Dissemination
Julie M Gentry			M 10	31 2014
Mailing Address 314 S Main St			Amount	
City	State	Zip Code	— r	65.00
Roxboro	NC	27573		on ID : ec0c6e9f-bf0b-4e2f-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1081521.47	Disbursement Fo	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		. •	100.00
(b) SUBTOTAL of Unitemized Independent Expend	iturae			
(b) SOBTOTAL OF Officernized independent Expend				7 7 7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		02 / 2014

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0 33333733
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee  Julie M Gentry	Date of Public Distribution/Dissemination
, and the second	10 31 Y Y Y Y Y Y
Mailing Address 314 S Main St	Amount
City State Zip Code	6.78
Roxboro NC 27573	Transaction ID : 2e241c51-ff7a-48cb-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 31 2014
Name of Federal Candidate Support Offi	ice Sought: House District: 00
Ms. Kay Hagan	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Dis 201	bursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Nathan D Stevens	10 31 2014
Mailing Address 9653 Nations Dr	Amount
City State Zip Code	35.00
Springdale AR 72762	Transaction ID: b9fc0c88-0d64-4380-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 31 2014
Name of Federal Candidate Support Off	ice Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Dis 223618.14	bursement For: Primary General Other (specify)
·	
(a) SUBTOTAL of Itemized Independent Expenditures	41.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date	11 02 / 2014
Organizatio	

Schedule E)	IVI EXI END	ITOTILO		PAGE 78 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Nathan D Stevens			M = M /	Distribution/Dissemination
Mailing Address 9653 Nations Dr			10 Amount	31 2014
Cit.	Otata	Zin Code		27.00
City Springdale	State AR	Zip Code 72762		27.90 <b>D</b> : <b>0c8a5138-9385-4852-8</b> Irsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	31 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	223618.14	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	c Distribution/Dissemination
Francesca Blom			10 A	31 2014
Mailing Address 101 Asbury Ct			Amount	
City	State	Zip Code		75.00
Winchester	VA	22602		D: 3d49d072-87aa-45ec-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	202795.52	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			102.90
(b) SUBTOTAL of Unitemized Independent Expen-	ditures			
			4	75
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 02	2014
5.g. (a.a.)				

Schedule E)	INT EXI END	ITORES		PAGE 79 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on/	D = D / Y = Y = Y
Full Name of Payee Brenda K Billington			M = M /	Distribution/Dissemination
Mailing Address 437 Roberson Creek Rd			Amount	31 2014
City	State	Zip Code		30.00
Pittsboro	NC	27312		D: d59bd145-2d4c-47f8-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	10	081521.47	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Brenda K Billington			Date of Public	Distribution/Dissemination
Mailing Address 437 Roberson Creek Rd			10	31 2014
			Amount	
City	State	Zip Code		13.80
Pittsboro  Purpose of Expenditure	NC	27312		9: 8bbbbaee-3fe1-445e-b rsement or Obligation
Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1081521.47	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			43.80
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
,,				4
(c) TOTAL Independent Expenditures			<b>•</b>	47 1 42
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 02	2014

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y I Y I Y I Y
Т	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Caleb J Ellicott	М	10 <sup>M</sup>	31	2014
	Mailing Address 56893 S 695 rd	Amou	nt		
ŀ	City State Zip Code				20.00
	Colcord OK 74338			n ID: 31cc79b1 bursement or C	-ddb1-45c9-a
	Purpose of Expenditure Salary  Category/ Type 001		10 <sup>M</sup>	31	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsemen		Primary specify) ▶	General
ľ	Full Name of Payee Karen Congema		of Pub	olic Distribution	
-	·	IV	10	31	2014
	Mailing Address 813 Worthington Way	Amou	nt		
ŀ	City State Zip Code	П.			37.50
	Wilmington NC 28411			ID: e03d0c30- bursement or 0	
	Purpose of Expenditure Salary  Category/ Type  001	M	10 <sup>M</sup>	31	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	ent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary specify) ▶	General
(	a) SUBTOTAL of Itemized Independent Expenditures			7	57.50
(	b) SUBTOTAL of Unitemized Independent Expenditures	Ľ		, ,	
(	c) TOTAL Independent Expenditures			77-	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M / 1	02		4
	Signature				

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OF

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 81 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination
Mailing Address 813 Worthington Way			10 31 2014 Amount
City	State	Zip Code	3.30
Wilmington	NC	28411	Transaction ID : 9625ce17-a31f-47cf-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 31 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	081521.47	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Parker H Morrow			10 31 2014
Mailing Address 506 N Horton Street			Amount
City	State	Zip Code	50.00
Searcy	AR	72143	Transaction ID : 58c00900-ce0a-4762-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 31 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	223618.14	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		53.30
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
			7 7
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signaturo			

Women Speak Out PAC    C   Coossor6e		Tieddie E)	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee  Revin L Battle  Mailing Address 3300 Asher Ave  City State Zp Code Mr. Mark L Pryor  Caledar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  M. Mark L Pryor  Category'  City State Zp Code Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Category'  Cate	VV	omen Speak Out PAC	C C00530766
Parker H Morrow  Mailing Address 506 N Horton Street  City State Zp Code Searcy AR 72:143  Purpose of Expenditure Mileage  Name of Federal Candidate  Mailing Address 3300 Asher Ave  Calendar Year-To-Date Purpose of Expenditure  Revin L Battle  Category/ Dots  Amount  Transaction ID : af0b1960-1855-4cd7-9  Date of Debtursement or Obligation  Transaction ID : af0b1960-1855-4cd7-9  Date of Debtursement or Obligation  Transaction ID : af0b1960-1855-4cd7-9  Date of Debtursement or Obligation  Transaction ID : af0b1960-1855-4cd7-9  Date of Debtursement or Obligation  Transaction ID : af0b1960-1855-4cd7-9  Date of Debtursement or Obligation  Transaction ID : af0b1960-1855-4cd7-9  Date of Debtursement or Obligation  Transaction ID : af0b1960-1855-4cd7-9  Date of Debtursement or Obligation  Transaction ID : af0b1960-1855-4cd7-9  Date of Debtursement or Obligation  Transaction ID : af0b1960-1855-4cd7-9  Date of Debtursement or Obligation  Transaction ID : af0b1960-1855-4cd7-9  Date of Debtursement or Obligation  Transaction ID : af0b1960-1855-4cd7-9  Date of Debtursement or Obligation  Transaction ID : af0b1960-1855-4cd7-9  Date of Public Distribution/Dissemination  Transaction ID : af0b1960-1855-4cd7-9  Date of Public Distribution Dissemination  Transaction ID : af0b1960-1855-4cd7-9  Date of Public Distribution Dissemination  Transaction ID : af0b1960-1855-4cd7-9  Date of Public Distribution Dissemination  Transaction ID : af0b1960-1855-4cd7-9  Date of Public Distribution Dissemination  Transaction ID : af0b1960-1855-4cd7-9  Date of Pub	Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Mailing Address 506 N Horton Street  City State Zip Code Searcy AR 72:143  Purpose of Expenditure Mileage Support Mileage Sup	Т		Date of Public Distribution/Dissemination
City State Zip Code S7.30  Searcy AR 72143  Purpose of Expenditure Category/ Type 002  Name of Federal Candidate Support Category President Senate State: AR  Calendar Year-To-Date Por Election for Office Sought Disbursement For: Primary General Port of Disbursement For: Other (specify) President Category Cother (specify) President Category Category Category Cother (specify) President Category Category Category Category Category Cother (specify) President Category Cat			
Searcy AR 72143  Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pyor  Calegory/ Type 002  Name of Federal Candidate Mr. Mark L Pyor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Kevin L Battle  Mailing Address 3300 Asher Ave  City State Zip Code Little Rock AR 72204  Name of Federal Candidate  Mark L Pyor  Category/ Type 001  Transaction ID : a10b1960-1855-4ed7-9  Date of Policy Distribution Dissemination  To Other (specify) ▶  Full Name of Payee Kevin L Battle  Mailing Address 3300 Asher Ave  Category/ Type 001  Name of Federal Candidate  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Category/ Type 001  Name of Federal Candidate  Mr. Mark L Pryor  Category/ Type 001  Transaction ID : a10b1960-1855-4ed7-9  Date of Policy Distribution/Dissemination  To Other (specify) ▶  Transaction ID : a10b1960-1855-4ed7-9  Date of Policy Distribution/Dissemination  To Other (specify) ▶  Transaction ID : a10b1960-1855-4ed7-9  Date of Policy Distribution/Dissemination  To Other (specify) ▶  Transaction ID : a10b1960-1855-4ed7-9  Date of Policy Distribution/Dissemination  To Other (specify) ▶  Transaction ID : a10b1960-1855-4ed7-9  Date of Policy Distribution/Dissemination  To Other (specify) ▶  Transaction ID : a10b1960-1855-4ed7-9  Date of Policy Distribution/Dissemination  Transaction ID : a10b1960-1855-4ed7-9  Date of Policy Distribution ID : a10b1960-1855-4ed7-9  Date of Public Olicy Distribution ID : a10b1960-1855-4ed7-9  Date of Public Olicy Distribution ID : a10b1960-1855-4ed7-9  Date of Public Olicy Distribution ID : a10b1960-1855-4ed7-9		Mailing Address 506 N Horton Street	Amount
Searcy AR 72143  Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pyor  Calegory/ Type 002  Name of Federal Candidate Mr. Mark L Pyor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Kevin L Battle  Mailing Address 3300 Asher Ave  City State Zip Code Little Rock AR 72204  Name of Federal Candidate  Mark L Pyor  Category/ Type 001  Transaction ID : a10b1960-1855-4ed7-9  Date of Policy Distribution Dissemination  To Other (specify) ▶  Full Name of Payee Kevin L Battle  Mailing Address 3300 Asher Ave  Category/ Type 001  Name of Federal Candidate  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Category/ Type 001  Name of Federal Candidate  Mr. Mark L Pryor  Category/ Type 001  Transaction ID : a10b1960-1855-4ed7-9  Date of Policy Distribution/Dissemination  To Other (specify) ▶  Transaction ID : a10b1960-1855-4ed7-9  Date of Policy Distribution/Dissemination  To Other (specify) ▶  Transaction ID : a10b1960-1855-4ed7-9  Date of Policy Distribution/Dissemination  To Other (specify) ▶  Transaction ID : a10b1960-1855-4ed7-9  Date of Policy Distribution/Dissemination  To Other (specify) ▶  Transaction ID : a10b1960-1855-4ed7-9  Date of Policy Distribution/Dissemination  To Other (specify) ▶  Transaction ID : a10b1960-1855-4ed7-9  Date of Policy Distribution/Dissemination  Transaction ID : a10b1960-1855-4ed7-9  Date of Policy Distribution ID : a10b1960-1855-4ed7-9  Date of Public Olicy Distribution ID : a10b1960-1855-4ed7-9  Date of Public Olicy Distribution ID : a10b1960-1855-4ed7-9  Date of Public Olicy Distribution ID : a10b1960-1855-4ed7-9	ŀ	City State Zin Code	57 30
Purpose of Expenditure Mileage  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Malling Address 3300 Asher Ave  Category/ Type  Category/ T			Transaction ID : af0b1960-1855-4ed7-9
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Kevin L Battie  Mailing Address 3300 Asher Ave  City State Zip Code Little Rock AR 72204  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Purpose of Expenditure Salary  Category/ Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Typesident Salare State: AR  Transaction D: Seet43ab-92bt-426d-b Date of Disbursement or Obligation  Transaction D: Seet43ab-92bt-426d-b Date of Disbursement For:  Other (specity) Preside		Mileage Category/ 002	M M / D D / Y Y Y Y
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  President Senate State: AR  Disbursement For: Primary General 2014 Other (specify)   Total Name of Payse  Kevin L Battle  Mailing Address 3300 Asher Ave  Date of Public Distribution/Dissemination  Total Name of Payse  Kevin L Battle  Mailing Address 3300 Asher Ave  City State Zip Code Little Rock AR 72204  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Category/ O01  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emilly Buckman  [Electronically Filed]  Date  President Senate State: AR Disbursement For: Primary General 2014  Other (specify)   117.30  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	ŀ	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought  Full Name of Payee Kevin L Battile  Mailing Address 3300 Asher Ave  City State Zip Code Little Rock AR 72204  Purpose of Expenditure Salary  Category/ 001  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Category Are To-Date Per Election for Office Sought  Category Ontifice Are To-Date Per Election for Office Sought  Category Ontifice Are To-Date Per Election for Office Sought  Category Ontifice Are To-Date Per Election for Office Sought  Category Ontifice Are To-Date Per Election for Office Sought  Category Ontifice Are To-Date Per Election for Office Sought  Category Ontifice Are To-Date Per Election for Office Sought  Category Ontifice Are To-Date Per Election for Office Sought  Category Ontifice Are To-Date Per Election for Office Sought  Category Ontifice Are To-Date Per Election for Office Sought  Category Ontifice Are To-Date Per Election for Office Sought  Category Ontifice Are To-Date Per Election for Office Sought  Category Ontifice Are To-Date Per Election for Office Sought  Category Ontifice Are To-Date Per Election for Office Sought		Ma Maril I Drawn	· <u> </u>
Full Name of Payee Kevin L Battile  Mailing Address 3300 Asher Ave  City State Zip Code Little Rock AR 72204  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Category/ Ca	Ī	Calcitati Total To Bate	rsement For: Primary X General
Kevin L Battle  Mailing Address 3300 Asher Ave  Amount  City State Zip Code Little Rock AR 72204  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calegory/ Type  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Lunder penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Amount  Amount  Transaction ID: 8eef43ab-92bf-426d-b Date of Disbursement or Obligation  Transaction ID: 8	ļ	Per Election for Office Sought	Other (specify) ▶
Mailing Address 3300 Asher Ave  City State Zip Code 72204  Little Rock AR 72204  Purpose of Expenditure Salary  Category/ 001  Name of Federal Candidate Support Mr. Mark L Pryor  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought 223618.14  Calendar Year-To-Date Per Election for Office Sought 117.30  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  11 02 2014  Amount  Transaction ID: 8eef43ab-92bf-426d-b Date of Disbursement or Obligation  To Disbursement For: Primary General 2014  Other (specify)   Under (specify)   Under (specify)   Transaction ID: 8eef43ab-92bf-426d-b Date of Disbursement or Obligation  To Disbursement For: Primary General 2014  Other (specify)   Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Little Rock  AR  72204  Transaction ID: 8eef43ab-92bf-426d-b Date of Disbursement or Obligation  Mark L Pryor  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Transaction ID: 8eef43ab-92bf-426d-b Date of Disbursement or Obligation  Main Mark L Pryor  Oppose President Senate State: AR Disbursement For: Primary Other (specify)  Other (specify)  117.30  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Transaction ID: 8eef43ab-92bf-426d-b Date of Disbursement or Obligation  Main Main Main Main Main Main Main Main		Mailing Address 3300 Asher Ave	
Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Disbursement or Obligation  Office Sought:  House District:  O0 President X Senate State:  AR  Disbursement For: Primary X General  Other (specify)   117.30  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	ŀ	City State Zip Code	60.00
Purpose of Expenditure Salary    Category/ Type   001		Little Rock AR 72204	Transaction ID: 8eef43ab-92bf-426d-b Date of Disbursement or Obligation
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures		Salary Odlegory 001	M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support Office	Sought: House District:00
Per Election for Office Sought  223618.14  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures		Mr. Mark L Pryor Oppose	President State: AR State:
(c) TOTAL Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  MMM  Date  11  Date  Date	(	(a) SUBTOTAL of Itemized Independent Expenditures	117.30
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date    Math   Date   11   02   2014	(	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    M M M	(	(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 11 02 2014	٧	vith, or at the request or suggestion of, any candidate or authorized committee or agent of either	
		[El-+:	

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OF

		FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C C00530766
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
F	Full Name of Payee	Date of Public Distribution/Dissemination
	Kevin L Battle	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 3300 Asher Ave	Amount
	City State Zip Code	93.00
	Little Rock AR 72204	Transaction ID : f57c525d-5ac2-4e1f-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 31 / 2014
١	Name of Federal Candidate Support Office	Sought: House District: 00
L	Mr Mark I Pryor	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary General  Other (specify)
	Full Name of Payee Billy Martin	Date of Public Distribution/Dissemination
N	Mailing Address 250 JS Brewton rd	Amount
	City State Zip Code	40.00
	goldonna LA 71031	Transaction ID: 1302d3ab-4308-489d-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 31 2014
1	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For:  Primary  General  Other (specify) ▶
(a	) SUBTOTAL of Itemized Independent Expenditures	133.00
(b	) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1
(с	) TOTAL Independent Expenditures	1 4 1 4 1 6
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either try committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	02 / 2014
	Signature	

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OF

Schedule E)	INI EXI END	HONES		PAGE 84 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee Billy Martin				Distribution/Dissemination
Mailing Address 250 JS Brewton rd			10	31 / 2014
250 JS Brewton id			Amount	
City	State	Zip Code		3.60
goldonna	LA	71031		D: ad35f835-7673-45c4-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	225731.03	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Andrea M Gatts			10	31 2014
Mailing Address 6894 106th			Amount	
City	State	Zip Code		90.00
Ozawkie	KS	66070		D: 7fa9391e-7301-4201-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	202795.52	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			93.60
				7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· <b>•</b>	
(c) TOTAL Independent Expenditures			<b>)</b>	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 02	2014
•				

Schedule E)	VI EXI END	ITOTILO		PAGE 85 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y B Y B Y
Full Name of Payee Felicia A Jones				f Public Distribution/Dissemination
Mailing Address 4106 Martha St				10 31 2014
			Amour	ıt
City	State	Zip Code		80.00
Shreveport	LA	71109		action ID: 90f4b017-6501-42ef-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 31 Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	225731.03	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Andrea M Gatts				10 31 / 2014
Mailing Address 6894 106th			Amour	nt
City	State	Zip Code		28.08
Ozawkie	KS	66070		ction ID : b14751f5-ca51-4a4b-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 31 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Mr. Greg Orman		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	202795.52	Disbursement 2014 Ot	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			108.08
				7
(b) SUBTOTAL of Unitermized Independent Expendent	litures		•	7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.9				

· · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	D	Date of Public Distribution/Dissemination
Felicia A Jones		10 31 2014
Mailing Address 4106 Martha St	A	mount
City Sta	te Zip Code	7.50
Shreveport L/		ransaction ID: 880f3389-19c2-4a26-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 31 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pr	resident State: LA
Calendar Year-To-Date Per Election for Office Sought	225731.03 Disburse 2014	ement For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee Chad Stieben	C	Date of Public Distribution/Dissemination
Mailing Address 16864 Stillwell Rd	А	Amount
City	te Zip Code	90.00
Bonner Springs K		ansaction ID: ab2c032d-eb81-4981-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 31 / 2014
Name of Federal Candidate	Support Office S	lought: House District: 00
Mr. Greg Orman	Oppose Pr	resident State: KS Senate
Calendar Year-To-Date Per Election for Office Sought	202795.52 Disburse 2014	ement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		97.50
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of either, o	
Ms. Emily Buchanan	[Electronically Filed] Date 11	02 2014
Signature		

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OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report file	d on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Chad Stieben	10 31 2014
	Mailing Address 16864 Stillwell Rd	Amount
	City State Zip Code	28.08
	Bonner Springs KS 66012	Transaction ID : f4bbf93d-b1d0-4775-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type 002	10 / 31 / 2014
	Name of Federal Candidate Support Office	ee Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disb. 202795.52  Disb. 2014	oursement For: Primary X General
	Tel Election for Office Sought	Other (specify) ▶
	Full Name of Payee  Joshua D Syrotchen	Date of Public Distribution/Dissemination
	Mailing Address 915 East Market Ave	10 31 2014 Amount
	City State Zip Code	70.00
	Searcy AR 72149	Transaction ID : 5ae47d5f-7bc2-4a41-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 31 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disk 201	oursement For: Primary General  Other (specify)   Other
	(a) SUBTOTAL of Itemized Independent Expenditures	98.08
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(17) ( 1) 17:1 17	11 02 2014
	Signature	

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OF

Schedule E)	TI EXI END	ITOTILO	<u> </u>	PAGE 88 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Joshua D Syrotchen			M = M /	Distribution/Dissemination
Mailing Address 915 East Market Ave			Amount	31 2014
City	Ctata	7in Code		00.00
City Searcy	State AR	Zip Code 72149		66.90 : <b>1b44159b-ae73-42ae-8</b> ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	223618.14	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee Mry S Everly			Date of Public	Distribution/Dissemination
Maritimer Address			10	31 2014
Mailing Address 787 N 1851 Diagonal Rd			Amount	
City	State	Zip Code		30.00
Lecompton	KS	66050		dcc0eda5-1838-4a90-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	202795.52	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es		<b>.</b>	96.90
			7	7
(b) SUBTOTAL of Unitemized Independent Expend	itures		<b>&gt;</b>	4
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 02	2014
Jigitataro				

Schedule E)	I EXI END	TOTILO	<u> </u>	PAGE 89 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mry S Everly			10	31 / 2014
Mailing Address 787 N 1851 Diagonal Rd			Amount	
City	State	Zip Code		10.50
Lecompton	KS	66050		<b>0 : 601a1e78-5415-4d09-9</b> sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought		202795.52	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jennifer F Gilbert			M M /	31 2014
Mailing Address 180 McNeil Steep Hollow Rd			Amount	31 2014
Cit.	Otata	Zin Code		70.50
City Carriere	State MS	Zip Code 39426		72.50 : 2725f241-3215-4983-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	225731.03	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expenditure	es			83.00
			7	4 4
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	1 4 1 4 1
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 02	2014
- 9				

Schedule	e E)	III EX EILE	1101120		PAGE 90 OF 148 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Womer	n Speak Out PAC				C C00530766
Check if 2	24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	me of Payee nifer F Gilbert	<u> </u>			of Public Distribution/Dissemination
Mailing	Address 180 McNeil Steep Hollow Rd			Amou	10 31 2014 nt
City		State	Zip Code		44.40
Carrier	re	MS	39426		action ID : 4c970a25-6377-4220-8 of Disbursement or Obligation
Purpose Mileag	e of Expenditure e		Category/ Type 002		10 31 7 2014
Name o	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Ma	ary L Landrieu		X Oppose	Preside	ent Senate State: LA
	alendar Year-To-Date er Election for Office Sought	2	225731.03	Disbursement 2014 O	t For:
Ashle	me of Payee ey n Thompson  Address 272 Westgate Ct Apt 6				of Public Distribution/Dissemination
City		State	Zip Code		40.00
Lexing		NC	27295		ction ID : 9ad1a67b-5ef0-4811-8 of Disbursement or Obligation
Purpos Salary	e of Expenditure		Category/ Type 001	M	10 / 31 / 2014
Name (	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Ka	y Hagan		Oppose	Preside	ent Senate State: NC
	alendar Year-To-Date er Election for Office Sought	7 7	1081521.47	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUB	TOTAL of Itemized Independent Expendit	ures			84.40
(b) SUB	TOTAL of Unitemized Independent Expen	iditures		· •	7 7 7
(c) TOTA	AL Independent Expenditures			<b>•</b>	7 7
with, or a	enalty of perjury I certify that the indeper at the request or suggestion of, any cand mmittee) any political party committee or i	lidate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signa	tture				

						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)					FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report 48-hour report	New rep	ort Am	ends repo	rt filed on	M = M	/ D D /	Y = Y = Y
Full Name of Payee				Date	of Pub	lic Distribution/	Dissemination
Ashley n Thompson					10 M	31	2014
Mailing Address 272 Westgate Ct Apt 6				Amo	unt		
City	State	Zip Code					9.00
Lexington	NC	27295				n ID: c4ab4f7c oursement or C	
Purpose of Expenditure Mileage		Category/ Type	002		10	31	2014
Name of Federal Candidate			Support	Office Soug	ght:	House	District:00
Ms. Kay Hagan			Oppose	Presi		X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	10	081521.47		Disburseme 2014		Primary specify) ▶	X General
Full Name of Payee Randy G Lookabill  Mailing Address 200 Carawood Lane				Date	10	olic Distribution/	Dissemination 2014
City	State	Zip Code					80.00
Lexington	NC	27295				ID : 22ea5019-	baca-49a5-8
Purpose of Expenditure Salary		Category/ Type	001		M M M 10	bursement or C	2014
Name of Federal Candidate			Support	Office Sou	ght:	House	District: 00
Ms. Kay Hagan		X	Oppose	Pres	dent	X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1081521.4	7	Disburseme 2014		Primary specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditure	s			· [	-7		89.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures			· • [			
(c) TOTAL Independent Expenditures				• [		7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed]	Date	11	02	201	
Signature							

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Schedule E)	LIVI EXI END	HOHLO		PAGE 92 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Randy G Lookabill			10	31 / 2014
Mailing Address 200 Carawood Lane			Amount	
City	State	Zip Code		25.50
Lexington	NC	27295		D: 9f499f9f-688e-4a50-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	11	081521.47	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Christopher Marquess			10 /	31 / 2014
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		50.00
Ville Platte	LA	70586		: 4b6ab176-169d-4858-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		225731.03	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures			75.50
			7	7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 02	2014

FEC IDENTFICATION NUMBER V   C   C00530766		neddie E)		FOR SE OF FORM 24/48
Check if  24-hour report			FEC II	DENTIFICATION NUMBER ▼
Full Name of Payee Christopher Marquess  Mailing Address 110 W Pecan St  City State Zip Code Ville Platte LA 70586  Name of Expenditure Mileage  Category' 002  Mailing Address 108 East Clinton St Po Box 410  City State Zip Code James W Blevins  Mailing Address 108 East Clinton St Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kary Hagan  Category' NC 28385  Purpose of Expenditure  Mailing Address 108 East Clinton St Po Box 410  Category' NC 28385  Purpose of Expenditure Salary  Category' NC 28385  Date of Public Distribution/Dissemination  Transaction ID : 21838264-2989-4971-b Date of Disbursement or Obligation  Transaction ID : 21838264-2989-4971-b Date of Disbursement or Obligation  Transaction ID : 21838264-2989-4971-b Date of Disbursement or Obligation  To Name of Pederal Candidate Ms. Mary L Landrieu  Category' Dopose  Date of Public Distribution/Dissemination  To Name of Payee  James W Blevins  Date of Public Distribution/Dissemination  To Name of Payee  James W Blevins  Date of Public Distribution/Dissemination  To Name of Payee  James W Blevins  Date of Public Distribution/Dissemination  To Name of Payee  James W Blevins  Date of Public Distribution/Dissemination  To Name of Payee  James W Blevins  Date of Public Distribution/Dissemination  To Name of Payee  James W Blevins  Date of Public Distribution/Dissemination  To Name of Payee  James W Blevins  Date of Public Distribution/Dissemination  To Name of Payee  James W Blevins  Date of Public Distribution/Dissemination  To Name of Payee  James W Blevins  Date of Public Distribution/Dissemination  To Name of Payee  James W Blevins  Date of Public Distribution/Dissemination  To Name of Payee  James W Blevins  Date of Public Distribution/Dissemination  To Name of Payee  James W Blevins  Date of Public Distribution/Dissemination  To Name of Payee  James W Blevins  Date of Public Distribution/Dissemination  To Name of Payee  James W Blevins  Date of Public Distribution/Dissemination  To Name of Payee  James W Blevins  Date of Public Distributi	۷۷	romen Speak Out PAC	C	C00530766
Christopher Marquess  Mailing Address 110 W Pecan St  City State Zip Code Ville Platte LA 70586  Purpose of Expenditure Mileage  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Mailing Address 108 East Climton St PO Box 410  City State Zip Code  Support Office Sought  Disbursement For: Primary Ceneral State: LA Amount  Amount  Amount  Transaction ID: 2ib892c4-25e9-497a-b Date of Disbursement or Obligation  Transaction ID: 2ib892c4-25e9-497a-b Date of Disbursement or Obligation  Transaction ID: 2ib892c4-25e9-497a-b Date of Disbursement or Obligation  Transaction ID: 2ib892c4-25e9-497a-b Date of Disbursement For: Primary Ceneral Primary Cener	Che	eck if $X$ 24-hour report 48-hour report New report Amends report filed		/ D D / Y Y Y Y Y
Mailing Address 110 W Pecan St    Tansaction ID : 2ft892c4-299-497a-b	Т	Full Name of Payee	Date of Public	c Distribution/Dissemination
City State Zip Code  Ville Platte LA 70586  Purpose of Expenditure Mileage				
Ville Platte  LA  70586    Transaction ID: 21882e4-239e4-947a-b   Date of Disbursement or Obligation		Mailing Address 110 W Pecan St	Amount	
Ville Platte  LA  70586    Transaction ID: 21882e4-239e4-947a-b   Date of Disbursement or Obligation	ŀ	City State Zip Code		36.90
Purpose of Expenditure Mileage Name of Federal Candidate Support Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee James W Blevins  Mailing Address 108 East Clinton St PO Box 410  City Salemburg NC Salemburg NC Salemburg NC Category Type  Out  Transaction ID: 8/983011-4474-430b-b Date of Disbursement For: Disbursement For: Primary Amount  Amount  Transaction ID: 8/983011-4474-430b-b Date of Disbursement or Obligation  Transaction ID: 8/983011-4474-430b-b Date of Disbursement For: Date of Disbursement or Obligation  Transaction ID: 8/983011-4474-430b-b Date of Disbursement For: Date of Disbursement or Obligation  Transaction ID: 8/983011-4474-430b-b Date of Disbursement For: Date of Disbursement For: Date of Disbursement For: Disbursement For: Primary Seneral  Other (specify) >  (c) TOTAL Independent Expenditures  Disbursement For: Primary Seneral Disbursement For: Pr				ID : 2fb892c4-29e9-497a-b
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  James W Blevins  Mailing Address  108 East Cinton St PO Box 410  City Salemburg  NC  28385  Transaction ID: 8799311-d474-490-b-bate of Disbursement or Obligation  Name of Federal Candidate Ms. Kay Hagan  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  1081521.47  Disbursement For: Primary  General  Calendar Year-To-Date Per Election for Office Sought  1081521.47  Disbursement For: Primary  General  Calendar Year-To-Date Per Election for Office Sought  1081521.47  Disbursement For: Primary  General  Cother (specify) ▶  Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan    Electronically Filed    Date   11		Mileage Category/ 002	M = M	/ D D / Y Y Y Y
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  President  Senate  State:  LA  Disbursement For: Primary  General  2014  Other (specify)  Date of Public Distribution/Dissemination  Mailing Address  108 East Clinton St PO Box 410  City Salemburg  NC  28385  Purpose of Expenditure Salary  NC  Category/ Type  Other Specify  Office Sought: House District: O0  Ms. Kay Hagan  NC  Calendar Year-To-Date Per Election for Office Sought  Tansaction ID: 8f9e3011-d474-4a0b-b Date of Disbursement or Obligation  Transaction ID: 8f9e3011-d474-4a0b-b Date of Disbursement or Obligation  Transaction ID: 8f9e3011-d474-4a0b-b Date of Disbursement For: Disbursement For: Primary General  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan    Electronically Filed    Date   11	ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
Per Election for Office Sought  Full Name of Payee  James W Blevins  Mailing Address 108 East Clinton St PO Box 410  City State Zip Code Salemburg NC 28385  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Category/ Jiype Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Category/ Jiype   Office Sought   July   July		Ma. Manual Landriau		
Full Name of Payee James W Blevins  Mailing Address 108 East Clinton St PO Box 410  City State Zip Code Salemburg NC 28385  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or subnorized by a gent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Public Distribution/Dissemination  M 10 31 2014  Amount  Transaction ID: 8f9e3011-d4724-4a0b-b Date of Disbursement or Obligation  Transaction ID: 8f9e3011-d4724-4a0b-b Date of Public District  Amount  Transaction ID: 8f9e3011-d4724-4a0b-b Date of Disbursement or Obligation  Transaction ID: 8f9e3011-d4724-4a0b-b Date of Public District  Amount  Transaction ID: 8f9e3011-d4724-4a0b-b Date of Disbursement or Obligation  Transaction ID: 8f9e3011-d4724-4a0b-b Date of Disbursement or Obligation  To Disbursement For: Disburs		005704.00		
Mailing Address 108 East Clinton St PO Box 410  City State Zip Code Salemburg NC 28385  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Uniternized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	ŀ		Date of Publi	ic Distribution/Dissemination
City State Zip Code Salemburg NC 28385  Transaction ID : 8f9e3011-d474-4a0b-b Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type  O01  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Topose  Transaction ID : 8f9e3011-d474-4a0b-b Date of Disbursement or Obligation  More of Federal Candidate  Support  Office Sought: House District: O0 President Senate State: NC  Disbursement For: Primary Other (specify)  Other (specify)  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  11  O2  2014		- 100 East Official St	10	
Salemburg  NC  28385  Transaction ID: 8f9e3011-4474-4a0b-b Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Category/ Type  Office Sought:  House District:  O0  President Senate State:  NC  Calendar Year-To-Date Per Election for Office Sought  1081521.47  Disbursement For: Primary General  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  111  O2  2014	-			44 50
Purpose of Expenditure Salary    Category/ Type   O01		•		D : 8f9e3011-d474-4a0b-b
Ms. Kay Hagan    Calendar Year-To-Date   Per Election for Office Sought   1081521.47   Disbursement For:   Primary   General		Salany Odlegory/ 001	М = М	/ D D / Y Y Y Y
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State:   NC	ŀ	Name of Federal Candidate Support Office	Sought:	House District:00
Calendar Year-To-Date Per Election for Office Sought  1081521.47  Disbursement For: Primary 2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures				
(c) TOTAL Independent Expenditures		Calendar Year-To-Date Disbu		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  11  Date  11  Date  11  Date	(	a) SUBTOTAL of Itemized Independent Expenditures		81.40
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  MMMM  Date  11  Date	(	(b) SUBTOTAL of Unitemized Independent Expenditures		
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Mand	(	(c) TOTAL Independent Expenditures	-	
[Electronically Filed] Date 11 02 2014	٧	with, or at the request or suggestion of, any candidate or authorized committee or agent of either		
		[F1 - +		
		Date		

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OF

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New report	Amends repor		= M / D = D / Y = Y = Y = Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
James W Blevins			М	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 108 East Clinton St			Amou	nt
PO Box 410				
1 '	State Zip NC 283	Code 385	Trans Date of	action ID : e59d6551-9f3d-4717-a of Disbursement or Obligation
Purpose of Expenditure Mileage	Ca	ategory/ Type 002		10 31 / 2014
Name of Federal Candidate	'	Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10815	21.47	Disbursemen 2014 O	t For: Primary X General
Full Name of Payee				of Public Distribution/Dissemination
Phillip Williams			N	10 31 2014
Mailing Address 3007 Darden Rd			Amou	
City	State Zip	Code	$-\Gamma$	80.00
Greensboro	NC 27	407		action ID : a3c8c6f0-a27b-491a-8 of Disbursement or Obligation
Purpose of Expenditure Salary	Ca	ategory/ Type 001		10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	81521.47	Disbursemen 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures			· [	91.88
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· [	7
(c) TOTAL Independent Expenditures			· [	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized con			
Ms. Emily Buchanan	[Electronically	y Filed] Date	M M /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

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OF

Schedule E)		11 = 11 = 11 = 11	1101120		PAGE 95 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak C	ut PAC				C C00530766
Check if 24-hour rep	port 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee Phillip Williams	S				of Public Distribution/Dissemination
Mailing Address 300	7 Darden Rd			Amou	10 31 2014 nt
City		State	Zip Code		16.80
Greensboro		NC	27407		action ID: e9da5340-c9a5-40ed-8 of Disbursement or Obligation
Purpose of Expenditu Mileage	ire		Category/ Type 002		10 31 2014
Name of Federal Car	ndidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan			Oppose	Preside	NO.
Calendar Year-To Per Election for		10	081521.47	Disbursemen 2014 O	t For: Primary ⊠ General ther (specify) ▶
Full Name of Payee Beverly William	ıs				of Public Distribution/Dissemination
Mailing Address 30	007 Darden Rd	_		Amou	nt
City		State	Zip Code		80.00
Greensboro		NC	27407		oction ID : 09af5a41-5d0d-48bb-b of Disbursement or Obligation
Purpose of Expenditu Salary	ire		Category/ Type 001		10 / 31 / 2014
Name of Federal Car	ndidate		Support	Office Sough	nt: House District:00
Ms. Kay Hagan			X Oppose	Preside	
Calendar Year-To Per Election for		7	1081521.47	Disbursemer 2014	nt For:
(a) SUBTOTAL of Iter	nized Independent Expenditu	ıres			96.80
(b) SUBTOTAL of Uni	itemized Independent Expend	ditures		·· •	
(c) TOTAL Independe	nt Expenditures			· •	
with, or at the request		date or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily	Buchanan	[Electron	cically Filed] Date	e 11	02 2014
Signature					

Schedule E)	JIII O. 11122. 2.122	141 EX. E.S.	1101120		PAGE 96 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak (	Out PAC				C C00530766
Check if X 24-hour re	eport 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Kathryn M Wo		<u></u>			of Public Distribution/Dissemination
Mailing Address 20	4 W 9th St			Amou	10 31 2014 unt
City		State	Zip Code		50.00
Pittsburg		KS	66762		saction ID : a6c5a7e3-0e8a-4324-9 of Disbursement or Obligation
Purpose of Expendit Salary	ure		Category/ Type 001		10 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Ca	ındidate		Support	Office Sough	ht: House District:00
Mr. Greg Orman			Oppose	Presid	
Calendar Year-1 Per Election for		2	202795.52	Disbursemen 2014	nt For: Primary X General  Other (specify) ▶
Full Name of Payee Kathryn M Wo					of Public Distribution/Dissemination
Mailing Address 2	204 W 9th St			Amo	unt
City		State	Zip Code		28.50
Pittsburg		KS	66762	Trans Date	action ID: 3885c1b9-64ff-47d7-8 of Disbursement or Obligation
Purpose of Expendi Mileage	ture		Category/ Type 002	$\Box ig  [$	10 / 31 / Y Y Y Y Y Y
Name of Federal Ca	andidate		Support	Office Soug	ht: House District: 00
Mr. Greg Orman			X Oppose	Presid	dent Senate State: KS
Calendar Year- Per Election for	To-Date r Office Sought		202795.52	Disburseme 2014	ont For:  Primary
(a) SUBTOTAL of Ite	emized Independent Expenditu	ures		· •	78.50
(b) SUBTOTAL of Un	nitemized Independent Expen	ditures		<b>-</b>	1 7 1 1 7 1 1 7
(c) TOTAL Independent	ent Expenditures			· · ·	
with, or at the reques		idate or authorized			cooperation, consultation, or concert the reporting entity is not a political
	y Buchanan	[Electron	nically Filed] Date	e 11	02 2014
Signature					

Sofication Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Da	ate of Public Distribution/Dissemination
John MacDonald	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1926 Edgewater Dr	nount
City State Zip Code	15.00
Charolette NC 28210 Tra	ansaction ID : 9fc30ac0-e19d-427a-a ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sol	ught: House District: 00
Mc Koy Hogan	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	ment For:
John MacDonald  Mailing Address 1926 Edgewater Dr	ate of Public Distribution/Dissemination  10 31 2014
City State Zip Code	4.20
Charolette NC 28210 Tra	Insaction ID : be096b77-5f6d-401a-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 31 2014
Name of Federal Candidate Support Office So	ought: House District: 00
	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	19.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Schedule E)	<b>JEI EIIJEIII E</b>			PAGE 98 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-	hour report New report	ort Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee Jackson S Tuttle			M M /	c Distribution/Dissemination
Mailing Address 404 Chancery Par	k Ct		Amount	31 2014
City	State	Zip Code		55.00
Kernersville	NC	27284		ID: 683e84d8-83eb-471b-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	081521.47	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Jackson S Tuttle  Mailing Address 404 Chancery F			Date of Public	c Distribution/Dissemination
Mailing Address 404 Chancery F	ark Ct		Amount	
City	State	Zip Code		9.00
Kernersville	NC	27284		D: b7120c3c-036d-43d6-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,,	1081521.47	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Indepen	dent Expenditures		<b>•</b>	64.00
(b) SUBTOTAL of Unitemized Indep	endent Expenditures		. •	
(c) TOTAL Independent Expenditure	98		<b>•</b>	
Under penalty of perjury I certify th with, or at the request or suggestion party committee) any political party	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	, 11 02	2014
Signature				

FEC IDENTIFICATION NUMBER ▼   C   C00630768	Sc	hedule E)		OTILO		PAGE 99 OF 148 FOR SE OF FORM 24/48
Check if    24-hour report						FEC IDENTIFICATION NUMBER ▼
Full Name of Payee  Joe Dockers  Mailing Address 419 W Ford St  Apt C  City State Zip Code Purpose of Expenditure Salary  Name of Federal Candidate Mary Catherine Toburen  Mailing Address 1222 SE 44 St  City State Zip Code Per Election for Office Sought  Category/ Mary Catherine Toburen  Mailing Address 1222 SE 44 St  City State Zip Code Per Sought  Category/ Mary Catherine Toburen  Mar	۷۱	omen Speak Out PAC				C C00530766
Mailing Address 419 W Ford St Apt C City State Zip Code Prittsburg KS 66762 Prittsburg Category/ Q01  Name of Federal Candidate Per Election for Office Sought 202795.52  Disbursement For: Primary K General 2014  Amount  City State Zip Code Transaction ID: 9e10d-22-febc-4734-b Date of Debursement or Obligation  Special KS 66609  Transaction ID: 9e10d-24-febc-4734-b Date of Debursement or Obligation  Special KS 66609  Transaction ID: 9e10d-24-febc-4734-b Date of Public Distribution Dissemination  Special KS 66609  Transaction ID: 9e10d-24-febc-4734-b Date of Public Distribution Dissemination  Special KS 66609  Transaction ID: 9e10d-24-febc-4734-b Date of Public Distribution Dissemination  Special KS 66609  Transaction ID: 9e10d-24-febc-4734-b Date of Public Distribution Dissemination  Special KS 66609  Transaction ID: 9e10d-24-febc-4734-b Date of Public Distribution Dissemination  Special KS 66609  Transaction ID: 9e10d-24-febc-4734-b Date of Public Distribution Dissemination  Special KS 66609  Transaction ID: 9e10d-24-febc-4734-b Date of Public Distribution Dissemination  Special KS 66609  Transaction ID: 9e10d-24-febc-4734-b Date of Public Distribution Dissemination  Special KS 66609  Transaction ID: 9e10d-24-febc-4734-b Date of Public Distribution Dissemination  Special KS 66609  Transaction ID: 9e10d-24-febc-4734-b Date of Public Distribution Dissemination  Special KS 66609  Transaction ID: 9e10d-24-febc-4734-b Date of Public Distribution Dissemination  Special KS 66609  Transaction ID: 9e10d-24-febc-4734-b Date of Public Distribution Dissemination  Transaction ID: 9e10d-24-febc-4734-b Date of Public Distribution Dissemination  Transaction ID: 9e10d-4-10-10-10-10-10-10-10-10-10-10-10-10-10-	Che	eck if 24-hour report 48-hour report New	v report	Amends repor	rt filed o	on Mam / Dad / Yayayay
Mailing Address 419 W Ford St Apt C  City State Zip Code   Pitsburg KS 66762   Purpose of Expenditure   Solary   Name of Federal Candidate   Mailing Address 419 W Ford St  Category/ Type   Name of Federal Candidate   Mary Catherine To-Date   President Year-To-Date   Purpose of Expenditure   Support   Mailing Address   1222 SE 44 St    City   State Zip Code   President   Support   Mailing Address   1222 SE 44 St    City   State Zip Code   Transaction ID : 9e10dc42-febc-473f-b   Tansaction ID : 9e10dc42-febc-473f-b   Tan	Т					Date of Public Distribution/Dissemination
Apt C  City State Zip Code Fitsburg KS 66762  Purpose of Expenditure Salary Type 001  Name of Federal Candidate Support Mar. Grieg Orman Qopose President Senate State: KS  Calendar Year-To-Date Per Election for Office Sought Solary Topks (Section 1) 2014 Office Sought Topks (Section 1) 31 (2014 Office Sought Topks (Section						
City State Zip Code So.00 Pittsburg KS 66762 Transaction ID : 9e10dct2-febc-473rh Date of Disbursement or Obligation Disputation D: 9e10dct2-febc-473rh Date of Disbursement or Obligation Disputation Disputat	١					Amount
Pittsburg KS 66762  Furpose of Expenditure Salary  Name of Federal Candidate  Mr. Greg Orman  Caledar Year-To-Date Per Election for Office Sought  City State Topeka  Purpose of Expenditure Salary  Full Name of Payee Mary Catherine Toburen  Mailing Address 1222 SE 44 St  Name of Federal Candidate  KS 66609  Purpose of Expenditure Salary  Name of Federal Candidate  Mailing Address 1222 SE 44 St  Name of Federal Candidate  Mr. Greg Orman  Category/ Salary  Category/ Salary  Oppose  President  Amount  Transaction ID: 9e10dc42-febc-473f-b Date of Disbursement or Obligation  Transaction ID: 9e10dc42-febc-473f-b Date of Disbursement or Obligation  Amount  Category/ Salary  Category/ Salary  Oppose  President  Transaction ID: 9e10dc42-febc-473f-b Date of Disbursement or Obligation  Transaction ID: 9e10dc42-febc-473f-b Date of Disbursement For: Salary Salary  Category/ Salary  Oppose  Transaction ID: 9e10dc42-febc-473f-b Date of Disbursement For: Salary Salary  Transaction ID: 9e10dc42-febc-473f-b Date of Disbursement For: Salary Salary  Transaction ID: 9e10dc42-febc-473f-b Date of Disbursement For: Salary		<u>'</u>	7:	in Code		F0.00
Purpose of Expenditure Salary  Name of Pederal Candidate  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure Salary  Name of Pederal Candidate  Mailing Address 1222 SE 44 St  City State  Category/ Topeka  KS 66609  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Greg Orman  City State Category/ Topeka  KS 66609  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Greg Orman  Category/ Topeka  Category/ Type  Ont  Transaction ID: 6bb8d4d7-b0se-4b3c-8 Date of Disbursement or Obligation  Transaction ID: 6bb8d4d7-b0se-4b3c-8 Date of Disbursement or Obligation  Transaction ID: 6bb8d4d7-b0se-4b3c-8 Date of Disbursement or Obligation  Transaction ID: 6bb8d4d7-bose-4b3c-8 Date of Disbursement For:  Only  Office Sought  Transaction ID: 6bb8d4d7-bose-4b3c-8 Date of Disbursement or Obligation  Transaction ID: 6bb8d4d7-bose-4b3c-8 Date of Disbursement For:  Other (specify)  College Transaction ID: 6bb8d4d7-bose-4b3c-8 Date of Disbursement For:  Other (specify)  College Transaction ID: 6bb8d4d7-bose-4b3c-8 Date of Disbursement For:  Other (specify)  College Transaction ID: 6bb8d4d7-bose-4b3c-8 Date of Disbursement For:  Other (specify)  College Transaction ID: 6bb8d4d7-bose-4b3c-8 Date of Disbursement For:  Other (specify)  College Transaction ID: 6bb8d4d7-bose-4b3c-8 Date of Disbursement For:  Other (specify)  College Transaction ID: 6bb8d4d7-bose-4b3c-8 Date of Disbursement For:  Other (specify)  College Transaction ID: 6bb8d4d7-bose-4b3c-8 Date of Disbursement For:  Other (specify)  College Transaction ID: 6bb8d4d7-bose-4b3c-8 Date of Disbursement For:  Other (specify)  Other (specify)  College Transaction ID: 6bb8d4d7-bose-4b3c-8 Date of Disbursement For:  Other (speci				•		Transaction ID : 9e10dc42-febc-473f-b
Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Mary Catherine Toburen  Mailing Address 1222 SE 44 St  City State Zip Code Topeka KS 66609  Purpose of Expenditure Salary  Category/ Salary  Category/ Type  Office Sought:  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Office Sought: House Distribution/Dissemination  Transaction ID: 6bb8d4d7-b0e-4b3c-8 Date of Disbursement or Obligation  Office Sought: House District:  O President Senate State: KS Date of Disbursement For:  Office Sought: House District: O President Senate State: KS Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Office Sought: House District: O Primary Senate State: KS Calendar Year-To-Date Per Election for Office Sought  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures.  Index penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Tansaction ID: 6bb8d4d7-b0e-4b3c-8 Date of Disbursement For: Primary Senate State: KS Disbursement For: Primary Senate State: Category/ Office Sought:  Topa Support Office Sought: Amount  Amount  Amount  Amount  Amount  Amount  Amount  City  Other (specify) Page 4b3c-8 Date of Disbursement or Obligation  Topa Support Office Sought: Amount  Topa Support Office Sought: Amount  Amount  Amount  Amount  Amount  Amount  Topa Support Office Sought: Amount  Amount  Amount  Amount  Topa Support Office Sought: Amount  Top						M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Mary Catherine Toburen  Mailing Address 1222 SE 44 St  City State Zip Code Topeka KS 66609  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar	ı	Name of Federal Candidate	<u> </u>	Support	Office	Sought: House District: 00
Per Election for Office Sought    Public Name of Payee   Date of Public Distribution/Dissemination		Mr. Greg Orman				
Mailing Address 1222 SE 44 St  City State Zip Code Topeka KS 66609  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Calegory/ Oppose  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  City State Zip Code Topeka KS 66609  Transaction ID : 6bb8d4d7-b0ee-4b3c-8 Date of Disbursement or Obligation  Tansaction ID : 6bb8d4d7-b0ee-4b3c-8 Date of Disbursement or Obligation  Topeka Support Office Sought: House District: 00  President Senate State: KS  Calendar Year-To-Date Per Election for Office Sought  Other (specify) ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date 111 02 2 2014			202	2795.52		
Mailing Address 1222 SE 44 St    Mailing Address   1222 SE 44 St	١					
City State Zip Code Topeka KS 66609  Transaction ID : 6bb8d4d7-b0e-4b3c-8 Date of Disbursement or Obligation  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Transaction ID : 6bb8d4d7-b0e-4b3c-8 Date of Disbursement or Obligation  Dottice Sought:  House District: 00  Transaction ID : 6bb8d4d7-b0e-4b3c-8 Date of Disbursement or Obligation  Dottice Sought:  House District: 00  Toposite No.  Senate State: KS  Disbursement For: Primary Other (specify)  Other (specify)  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		Mailing Address 1222 SE 44 St				10 31 2014
Transaction ID: 6bb8d4d7-b0ee-4b3c-8 Date of Disbursement or Obligation    Support   S	١					Amount
Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Ele	١			•		
Name of Federal Candidate  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Cother (specify)  Coth				66609		
Mr. Greg Orman    Support   College Study   College Study   College State   State   KS						
Mr. Greg Orman    Coppose   President   Senate   State: KS	١	Name of Federal Candidate	<u> </u>	Support	Office	Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures		Mr. Greg Orman				President State:
(c) TOTAL Independent Expenditures			,	202795.52		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  11  Date  11  Date  Date	(	(a) SUBTOTAL of Itemized Independent Expenditures			•	125.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  MMM  Date  11  Date		(b) SUBTOTAL of Unitemized Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  MMM  Date  11  Date		(c) TOTAL Independent Expenditures				
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Mand		· · · · · · · · · · · · · · · · · · ·			•	
[Electronically Filed] Date 11 02 2014	١	with, or at the request or suggestion of, any candidate or autho				
Factor in the Battor in			ectronica	ally Filed1	M = 11	
				, Date		2017

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Mary Catherine Toburen		10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1222 SE 44 St		Amount
City State	e Zip Code	19.50
Topeka KS		Transaction ID : 4a58daac-ff89-4525-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 31 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Mr. Greg Orman	X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	202795.52 Disbu 2014	orsement For: Primary
Full Name of Payee  Joneisha Stewart		Date of Public Distribution/Dissemination
		10 31 2014
Mailing Address 2329 Runnymede Dr		Amount
City State	e Zip Code	70.00
Marrero LA	70072	Transaction ID: 1c001e7f-7c96-4590-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 31 / 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose □	President State: LA
Calendar Year-To-Date Per Election for Office Sought	225731.03 Disbu 2014	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······	89.50
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of either	
Ms. Emily Buchanan	[Electronically Filed] Date 1	1 02 2014
Signature		

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Schedule E)	LAPLIND			PAGE 101 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		T = M / D = D / Y = Y = Y = Y
Full Name of Payee Joneisha Stewart				of Public Distribution/Dissemination
Mailing Address 2329 Runnymede Dr			Amou	10 31 2014 unt
City	State	Zin Codo		10.20
Marrero	LA	Zip Code 70072		saction ID : 2d3a6d99-1cca-48ac-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 31 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , 2	25731.03	Disbursemer 2014	nt For:
Full Name of Payee William M Criswell				of Public Distribution/Dissemination
Mailing Address 115 Burns Mitchell Drive			Amou	10 31 2014 unt
Cit.	Ctata	Zin Code		70.00
City  Belmont	State NC	Zip Code 28012		70.00 action ID: 33440353-d528-444f-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 31 / 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, , ,	1081521.47	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditure	s			80.20
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11	02 / 2014

Schedule E)	LI LINDLINI LXI LINDI	TOTILO	PAGE 102 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-ho	our report New repo	ort Amends repo	rt filed on
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination
Mailing Address 115 Burns Mitchell I	Prive		10 31 2014 Amount
City	State	Zin Codo	7.50
Belmont	NC	Zip Code 28012	Transaction ID : 356e7a03-1dc6-4402-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 31 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	81521.47	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Adena V Smith			10 31 Y Y Y Y Y
Mailing Address 450 Judson Dr			Amount
City	State	Zip Code	35.00
Wake Forest	NC	27587	Transaction ID : 1c0e06fd-fcce-4e04-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 31 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Noppose Noppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1081521.47	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	ent Expenditures		42.50
(b) SUBTOTAL of Unitemized Indepe	ndent Expenditures		
			7 7
(c) TOTAL Independent Expenditures			
	of, any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 02 2014
Signaturo			

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	0		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	.C		C C00530766
Check if 24-hour report	48-hour report New report	ort Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee			Date of Public Distribution/Dissemination
Adena V Smith			10 31 2014
Mailing Address 450 Judson	Dr		Amount
City	State	Zip Code	1.56
Wake Forest	NC	27587	Transaction ID : 666bc5b1-d1c8-4430-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support Office	e Sought: House District: 00
Ms. Kay Hagan		∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office S	ought 10	81521.47 Disb 2014	ursement For: Primary
Full Name of Payee Peggy A Sides		ı	Date of Public Distribution/Dissemination
Mailing Address 2183 Spok	cane Rd		10 31 2014 Amount
City	State	Zip Code	70.00
Fayetteville	NC	28304	Transaction ID: b3585e03-09b9-4efd-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 31 / 2014
Name of Federal Candidate		Support Office	ce Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office S	ought	1081521.47 Disk 201	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Inc	dependent Expenditures	·····	71.56
(b) SUBTOTAL of Unitemized	Independent Expenditures	·····	1171171171
(c) TOTAL Independent Exper	nditures	<b>•</b>	
	estion of, any candidate or authorized		nade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
Ms. Emily Buchana		cally Filed] Date	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

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	meduic Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	I on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Peggy A Sides	10 31 2014
	Mailing Address 2183 Spokane Rd	Amount
	City State Zip Code	12.00
	Fayetteville NC 28304	Transaction ID: 89463f2a-1bb2-4f97-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General
		U Other (specify) ▶
	Full Name of Payee Todd Ellis	Date of Public Distribution/Dissemination
	Mailing Address P.O. Box 712	10 31 2014 Amount
	City State Zip Code	120.00
	Alexander AR 72002	Transaction ID : d74e9096-1b15-4506-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	132.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
		11 02 2014
	Signature	

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OF

Women Speak Out PAC    C		meduic L)	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Paves Todd Ellis  Mailing Address P.O. Box 712  City State Zip Code Alexander AR 72002  Purpose of Expenditure Mileage Support State State: AR  Category' Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Category' Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Name of Federal Candidate  Name of Federal Candidate  Name of Federal Candidate  N	۷۱	vomen Speak Out PAC	C C00530766
Mailing Address P.O. Box 712  City State Zip Code AR 72002  Purpose of Expenditure Mileage Category/ Type O02  Name of Federal Candidate Separation for Office Sought Category/ Lesaicherre  Mailing Address 629 Radiance Ave  Metairie LA 70001  Name of Federal Candidate LA 70001  Metairie LA 70001  Name of Federal Candidate LA 70001  Name of Federal Candidate LA 70001  Name of Federal Candidate Separation for Office Sought Category/ Type O01  Name of Federal Candidate LA 70001  Name of Federal Candidate Separation Description Category/ Type O01  Name of Federal Candidate Support Disbursement or Obligation Category/ Type O01  Name of Federal Candidate Support Disbursement or Obligation Category/ Type O01  Name of Federal Candidate Support Disbursement or Obligation Category/ Type O01  Name of Federal Candidate Support Disbursement or Obligation Category/ Type O01  Name of Federal Candidate Support Disbursement or Obligation Category/ Type O01  Name of Federal Candidate Support Disbursement or Obligation Category/ Type O01  Name of Federal Candidate Support Disbursement or Obligation Category/ Type O01  Name of Federal Candidate Support Disbursement or Obligation Category/ Type O01  Name of Federal Candidate Support Disbursement or Obligation Category/ Type O01  Name of Federal Candidate Support Disbursement or Obligation Category/ Type O01  Transaction ID: 541444-40  Transaction ID: 541444-40  Transaction ID: 541444-40  Transaction ID: 54144-40  Transaction ID: 5414-40  Transaction ID: 54	Ch	eck if X 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Mailing Address P.O. Box 712  City State Zip Code AR 72002  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Support City Senate State: AR 2014  Personal Candidate Support City Senate State: AR 2014  Personal Candidate Support City Senate State: AR 2014  Purpose of Expenditure Senate State: AR 2014  Mailing Address 629 Radiance Ave  City State Zip Code Metaine LA 70001  Purpose of Expenditure Salary  Purpose of Expenditure Salary  Name of Federal Candidate LA 70001  Purpose of Expenditure Senate State: AR 2014  Name of Page Evelyn Lesaicherre  Mailing Address 629 Radiance Ave  City State Zip Code Transaction ID: 6511cd43-653-dcb-9 Date of Disbursement or Obligation Senate State: AR 2014  Amount  Category/ O01 Transaction ID: 6511cd43-653-dcb-9 Date of Disbursement or Obligation Senate State: AR 2014  Category/ O01 Transaction ID: 6511cd43-653-dcb-9 Date of Disbursement or Obligation Senate State: AR 2014  Category/ O01 Transaction ID: 6511cd43-653-dcb-9 Date of Disbursement or Obligation Senate State: AR 2014  Category/ O01 Transaction ID: 6511cd43-653-dcb-9 Date of Disbursement or Obligation Senate State: AR 2014  Category/ O01 Transaction ID: 6511cd43-653-dcb-9 Date of Disbursement or Obligation Senate State: AR 2014  Category/ O01 Transaction ID: 6511cd43-653-dcb-9 Date of Disbursement or Obligation Senate State: AR 2014  Category/ O01 Transaction ID: 6511cd43-653-dcb-9 Date of Disbursement or Obligation Senate State: AR 2014  Category/ O01 Transaction ID: 6511cd43-653-dcb-9 Date of Disbursement For: Primary Senate State: AR 2014  Category/ O01 Transaction ID: 6511cd43-653-dcb-9 Date of Disbursement For: Primary Senate State: AR 2014  Category/ O14 Transaction ID: 6511cd43-653-dcb-9 Date of Disbursement For: Primary Senate State: AR 2014  Category/ O14 Transaction ID: 6511cd43-653-dcb-9 Date of Disbursement For: Primary Senate State: AR 2014  C			Date of Public Distribution/Dissemination
City State Zip Code Alexander AR 72002  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Mr. Mark L Pryor Oppose President Senate State: AR  Calendar Year-To-Date Purpose of Expenditure  Malling Address 629 Radiance Ave  City State Zip Code Mtstaire  LA 70001  Purpose of Expenditure Salary  Name of Federal Candidate  LA 70001  Purpose of Expenditure Salary  Name of Federal Candidate  LA 70001  Purpose of Expenditure Salary  Category/ Oppose President Senate State: AR  Disbursement For: Primary General 2014  Amount  Amount  Transaction ID: 564b4a37-22a-4492-8 Date of Disbursement For: Primary General 2014  Amount  City State Zip Code Type 001  Transaction ID: 6511cd43-e653-4dcb-9 Date of Disbursement For: Primary General 2014  Amount  City State Zip Code Type 001  Transaction ID: 6511cd43-e653-4dcb-9 Date of Disbursement or Obligation  Transaction ID: 6511cd43-e653-4dcb-9 Date of Disbursement For: Primary General  Transaction ID: 6511cd43-e653-4dcb-9 Date of Disbursement For: Primary General  Transaction ID: 6511cd43-e653-4dcb-9 Date of Disbursement For: Primary General  Transaction ID: 6511cd43-e653-4dcb-9 Date of Disbursement For: Primary General  Transaction ID: 6511cd43-e653-4dcb-9 Date of Disbursement For: Primary General  Transaction ID: 6511cd43-e653-4dcb-9 Date of Disbursement For: Primary General  Transaction ID: 6511cd43-e653-4dcb-9 Date of Disbursement For: Primary General  Transaction ID: 6511cd43-e653-4dcb-9 Date of Disbursement For: Primary General  Transaction ID: 6511cd43-e653-4dcb-9 Date of Disbursement For: Primary General  Transaction ID: 6511cd43-e653-4dcb-9 Date of Disbursement For: Primary General  Transa		Todd Ellis	
Alexander AR 72002  Furposa of Expenditure Mileage    Category/		Mailing Address P.O. Box 712	Amount
Alexander AR 72002  Furposa of Expenditure Mileage    Category/		City State Zin Code	44 40
Purpose of Expenditure Mileage  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure Support  Mileage  Oppose President  Support  Office Sought: House District: OD President  Amount  Date of Public Distribution/Dissemination  Tansaction ID: 5511cd43-e653-4dcb-9 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Name of Federal Candidate  Name of Federal Candidate  Name of Federal Candidate  Support  Name of Federal Candidate  Support  Office Sought: House District: OD  Transaction ID: 5511cd43-e653-4dcb-9 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Support  Office Sought: House District: OD  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  225731.03  Disbursement For: Disburseme			Transaction ID : 5f4b4a47-c2ac-4f92-8
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Evelyn Lesaicherre  Mailing Address 629 Radiance Ave  City Metairie  LA  Tomot  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought		Mileage Category/ 002	M M / D D / Y Y Y Y
Mr. Mark L Pryor    Calendar Year-To-Date   President   Senate   State   AR		Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought  Pull Name of Payee Evelyn Lesaicherre  Mailing Address 629 Radiance Ave  City State Zip Code Metairie  LA 70001  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Date of Disbursement of Obligation   Transaction ID: 6511cd43-e653-4dcb-9		Ma Madal Brass	
Full Name of Payee  Evelyn Lesaicherre  Mailing Address 629 Radiance Ave  Amount  City State Zip Code Metairie LA 70001  Purpose of Expenditure Salary  Name of Federal Candidate Salary  Name of Federal Candidate Sought  Category' Type 001  Name of Federal Candidate Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date of Public Distribution/Dissemination  To 31  V 2014  Amount  Transaction ID: 6511cd43-e653-4dcb-9  Date of Disbursement or Obligation  Transaction ID: 6511cd43-e653-4dcb-9  Date o		Calcificat to Bate	
Evelyn Lesaicherre  Mailing Address 629 Radiance Ave  City State Zip Code Metairie LA 70001  Purpose of Expenditure Salary  Name of Federal Candidate Support Type 001  Name of Federal Candidate Support Office Sought: House District: 00  Ms. Mary L Landrieu Support Office Sought: House District: 00  Ms. Mary L Landrieu Support Office Sought: House District: 00  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date 11 0 2 2 2014		Per Election for Office Sought	
Mailing Address 629 Radiance Ave    City			
City State Zip Code  Metairie LA 70001  Transaction ID : 6511cd33-e653-4dcb-9 Date of Disbursement or Obligation  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Transaction ID : 6511cd33-e653-4dcb-9 Date of Disbursement or Obligation  Transaction ID : 6511cd33-e653-4dcb-9 Date of Disbursement or Obligation  Transaction ID : 6511cd33-e653-4dcb-9 Date of Disbursement or Obligation  To Date  Transaction ID : 6511cd33-e653-4dcb-9 Date of Disbursement or Obligation  To Date  Transaction ID : 6511cd33-e653-4dcb-9 Date of Disbursement or Obligation  To Date  Transaction ID : 6511cd33-e653-4dcb-9 Date of Disbursement or Obligation  To Date  Transaction ID : 6511cd33-e653-4dcb-9 Date of Disbursement or Obligation  To Date  Transaction ID : 6511cd33-e653-4dcb-9 Date of Disbursement or Obligation  To Date  Transaction ID : 6511cd33-e653-4dcb-9 Date of Disbursement or Obligation  To Date  Transaction ID : 6511cd33-e653-4dcb-9 Date of Disbursement or Obligation  To Date  Transaction ID : 6511cd33-e653-4dcb-9 Date of Disbursement or Obligation  To Date  Transaction ID : 6511cd33-e653-4dcb-9 Date of Disbursement or Obligation  To Dat		Mailing Address 629 Radiance Ave	10 31 2014
Metairie LA 70001  Transaction ID: 6511cd43-e653-4dcb-9 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary General 2014  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  111 02 2014			, undurk
Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Calendar Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  IElectronically Filed  Date			
Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought			Date of Disbursement or Obligation
Ms. Mary L Landrieu    Calendar Year-To-Date   President   Senate   State: LA		Salany Odlegory/ 001	
Ms. Mary L Landrieu    Calendar Year-To-Date   President   Senate   State: LA		Name of Federal Candidate Support Office	ee Sought: House District: 00
Per Election for Office Sought  225731.03  2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures		201	4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  M. M. M. M. D. D. J. Y.		(a) SUBTOTAL of Itemized Independent Expenditures	114.40
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  M. M. M. M. D. D. J. Y.		(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Date		(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 11 02 2014	,	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
V Bute II		[F1	
		Buto	

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So	chedule E)	I EXI ENDI	TOTILO		PAGE 106 OF 148 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC				C C00530766
Ch	neck if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
	Full Name of Payee Evelyn Lesaicherre			Date	e of Public Distribution/Dissemination
	Mailing Address 629 Radiance Ave			Amo	
	City	State	Zip Code		8.40
	Metairie	LA	70001		saction ID: 064675dc-105e-47f1-b of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 31 2014 2014
	Name of Federal Candidate		Support	Office Soug	aht: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presi	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		25731.03	Disburseme 2014	ent For:
	Full Name of Payee			Date	e of Public Distribution/Dissemination
	Caleb Craig				10 31 2014
	Mailing Address 1410 Bushville drive			Amo	punt
	City	State	Zip Code	$ \Gamma$	100.00
	Lenoir	NC	28645		saction ID: b8ebe883-faa2-425c-a e of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 31 / 2014
	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Kay Hagan		X Oppose	Presi	
	Calendar Year-To-Date Per Election for Office Sought	, ,	1081521.47	Disburseme 2014	ent For: Primary X General Other (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditure	s		. [	108.40
	(b) SUBTOTAL of Uniternized Independent Expenditu	ıres		. 🗀	
	(a) contains an elimental masperiation Experiation			•	
	(c) TOTAL Independent Expenditures			•	7 7 7
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	11	02 2014
	- 9				

Schedule E)	I INDEFENDENT EXPER	ADITORIES	PAGE 107 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	^		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	i.C		C C00530766
Check if 24-hour report	48-hour report New	report Amends report	filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination
Mailing Address 1410 Bushvi	lle Dr		10 31 2014 Amount
O:h.	Otata	7:n Oada	50.00
City Lenoir	State NC	Zip Code 28645	50.00  Transaction ID: b3527573-fae6-4409-9  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 31 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office S	ought		Disbursement For: Primary ☐ General  2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sharon t Craig			10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Busl	nville Dr		Amount
City	State	Zip Code	14.40
Lenoir	NC	28645	Transaction ID : 22c98b18-5d1f-4cf5-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 31 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office S	ought	1081521.47	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized In	dependent Expenditures		64.40
(b) SUBTOTAL of Unitemized	Independent Expenditures		
(4)			4 4
(c) TOTAL Independent Exper	nditures		<b>)</b>
	estion of, any candidate or author		ot made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchana		tronically Filed] Date	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Oigilatai o			

Schedule E)		101120		PAGE 108 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee Paul D Dreyer				Public Distribution/Dissemination
Mailing Address 209 S Carl Stq			Amoun	10 31 2014
<b>1</b> '	State AR	Zip Code 72761		70.00 ction ID : d3b5cd83-57a1-4ce7-a
Purpose of Expenditure Salary		Category/ Type 001	M	f Disbursement or Obligation
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	2	23618.14	Disbursement 2014 Oth	For:
Full Name of Payee Paul D Dreyer			M	f Public Distribution/Dissemination
Mailing Address 209 S Carl Stq			Amoun	
City	State	Zip Code		12.27
Siloam Springs	AR	72761		tion ID : 7a2a3f92-90d4-457e-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 31 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		223618.14	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				82.27
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			· .	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	M M /	02 / 2014

	neddic E)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Che	eck if $X$ 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Cecilla A Rebrick	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 5003 Allison Lane	Amount
ŀ	City State Zip Code	60.00
	Ft. Smith AR 72901	Transaction ID : e32114ec-4acd-41ff-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 223618.14  Disbut 2014	rsement For: Primary X General
ŀ		Other (specify)
	Full Name of Payee Cecilla A Rebrick	Date of Public Distribution/Dissemination
	Mailing Address 5003 Allison Lane	10 31 2014 Amount
	City State Zip Code	6.60
	Ft. Smith AR 72901	Transaction ID: b4a9274a-3091-48aa-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 31 / 2014
	Name of Federal Candidate Support Office	Sought: House District:00
	M M 11 B	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures	66.60
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
-	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 02 2014
	Signature	

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				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y I Y I Y I Y
٦	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Cecilla A Rebrick	M	10 <sup>M</sup>	31	2014
	Mailing Address 5003 Allison Lane	Amou	nt		
	City State Zip Code				60.00
	Ft. Smith AR 72901			n <b>ID</b> : <b>b951943</b> 9 bursement or 0	9-f38f-424b-8
	Purpose of Expenditure Salary  Category/ Type  001		10 <sup>M</sup>	31	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Mark L Pryor Oppose	Preside		Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsemen		Primary specify) ▶	X General
	Full Name of Payee				/D:iti
	Cecilla A Rebrick	Date		olic Distribution	2014
	Mailing Address 5003 Allison Lane	Amou	-	01	2014
	City State Zip Code				1.50
	Ft. Smith AR 72901			ID: 3691abc7- bursement or (	
	Purpose of Expenditure Mileage  Category/ Type  002		10 <sup>M</sup>	31	2014
	Name of Federal Candidate Support Office	Sough	ıt:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside	ent	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 223618.14			Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures				61.50
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			7 - 7	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	02		4
	Signature				

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ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if $X$ 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	of Public Distribution/Dissemination
	10 31 2014
Mailing Address 4455 N Edaemoor Ct Amou	unt
City State Zip Code	20.00
	saction ID : a8933f71-a5f0-4b92-a of Disbursement or Obligation
Purpose of Expanditure	10 31 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Mr. Greg Orman Presid	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 202795.52  Disbursement 2014	nt For:
Full Name of Payee Date	of Public Distribution/Dissemination
Mailing Address 4455 N Edaemoor Ct Amo	unt
City State Zip Code	7.80
	action ID: b4e2a118-46a0-404f-8 of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 / 31 / 2014
Name of Federal Candidate Support Office Soug	ht: House District: 00
Mr. Greg Orman Presid	dent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disburseme 202795.52  Disburseme	ent For: Primary X General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	27.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	02 / 2014
Signature	

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Schedu	le E)	LAFEINDI	TONES		PAGE 112 OF 148 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
vvome	n Speak Out PAC				C C00530766
Check if	24-hour report 48-hour report	M = M / D = D / Y = Y = Y = Y			
	ame of Payee nantha Howell			Da	ate of Public Distribution/Dissemination
Mailin	g Address 4849 N Glendale			Ar	10 31 2014 mount
O:h.		Otata	7:- Oada	— г	20.00
City Bel A	ire	State KS	Zip Code 67220		20.00 ransaction ID : 1c27365b-f2fd-43b5-b ate of Disbursement or Obligation
Purpo Salar	se of Expenditure y		Category/ Type 001		10 31 2014
Name	of Federal Candidate		Support	Office So	ought: House District: 00
Mr. G	reg Orman		X Oppose		esident Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	, 2	02795.52	Disburser 2014	ment For:
	lame of Payee			Da	ate of Public Distribution/Dissemination
	nantha Howell				10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailir	g Address 4849 N Glendale			Aı	mount
City		State	Zip Code		7.80
Bel A		KS	67220		ansaction ID: 7177d95a-aa07-4822-b ate of Disbursement or Obligation
Purpo Milea	se of Expenditure age		Category/ Type 002		10 / 31 / 2014
Name	of Federal Candidate		Support	Office So	ought: House District: 00
Mr. G	ireg Orman		X Oppose	Pre	esident Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	, ,	202795.52	Disburse 2014	ment For:  Primary
(a) SU	BTOTAL of Itemized Independent Expenditure	9S			27.80
(b) SU	BTOTAL of Unitemized Independent Expendit	ures		<b>.</b>	
				_	4 4
(c) TO	TAL Independent Expenditures			·· •	7 7 7
with, or	penalty of perjury I certify that the independent at the request or suggestion of, any candidate committee) any political party committee or its	ite or authorized			
Sia	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 11	02 2014
Oigi					

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In F		<u> </u>	FEC IDENTIFICATION NUMBER ▼
Women Speak Out	PAC		C C00530766
Check if 24-hour report	48-hour report New r	eport Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee	_		Date of Public Distribution/Dissemination
Dianna R William			10 31 2014
Mailing Address <sub>1510 W I</sub>	Pawnee Apt 2103		Amount
City	State	Zip Code	50.00
Wichita	KS	67213	Transaction ID : f22c18b1-0362-4510-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 31 2014
Name of Federal Candida	te	Support Office	ce Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Dat Per Election for Offic		Disl 202795.52 201	bursement For: Primary
Full Name of Payee Dianna R Williams  Mailing Address 1510 V	V Pawnee Apt 2103	<u>'</u>	Date of Public Distribution/Dissemination  10 / 31 / 2014  Amount
City	State	Zip Code	16.20
Wichita	KS	67213	Transaction ID: 6a4fed37-14e2-43fc-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation  M 10 31 2014
Name of Federal Candida	ite	Support Offi	ce Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Dat Per Election for Offic		202795.52 Dis 201	bursement For:  Primary
(a) SUBTOTAL of Itemized	I Independent Expenditures	·····	66.20
(b) SUBTOTAL of Unitemize	zed Independent Expenditures	·····	
(c) TOTAL Independent Ex	xpenditures	······	
with, or at the request or s			made in cooperation, consultation, or concert er, or (if the reporting entity is not a political
Ms. Emily Buch		ronically Filed] Date	11 02 2014
Oignature			

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Schedule E)	VI EXI EIVE	TOTILO		PAGE 114 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Rose M Aldapa			10	31 / 2014
Mailing Address 14817 E 29th N			Amount	
City	State	Zip Code		10.00
Wichita	KS	67228		D: 0f53c5b8-b126-4db8-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President >	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	2	202795.52	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Rose M Aldapa			10	31 / 2014
Mailing Address 14817 E 29th N			Amount	
City	State	Zip Code		9.00
Wichita	KS	67228		: 5a7a4df2-b741-40d0-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President >	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	202795.52	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			19.00
			7	
(b) SUBTOTAL of Unitemized Independent Expendent	litures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 02	2014
<b>J</b>				

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y I Y I Y I Y
Т	Full Name of Payee	Date of	of Pub	olic Distribution	Dissemination
	Brandon Wheeler	М	10 <sup>M</sup>	31	2014
	Mailing Address 10112 Piney Creek Ct	Amou	nt		
ŀ	City State Zip Code	Г.			65.00
	Charolette NC 28215			n ID : f8c99938 bursement or (	-13df-4af6-a
	Purpose of Expenditure Salary  Category/ Type 001		10 <sup>M</sup>	31	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Mark L Pryor	Preside		Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbu 223618.14  Disbu 2014	rsemen		Primary specify) ▶	General
	Full Name of Payee			olic Distribution	/Dissemination
	Brandon Wheeler	IM	10 <sup>M</sup>	/ D D /	2014
	Mailing Address 10112 Piney Creek Ct	Amou	nt		
1	City State Zip Code	Г.			40.50
	Charolette NC 28215			ID: f56efaf2-7 bursement or (	
	Purpose of Expenditure Mileage  Category/ Type  002		10 <sup>M</sup>	31	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside	ent	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsemen		Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures				105.50
(	(b) SUBTOTAL of Unitemized Independent Expenditures				
(	(c) TOTAL Independent Expenditures		1 - 4	7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	02		4
	Signature				

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OF

	modulo L)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed		- M	/ D D /	Y = Y = Y = Y
٦	Full Name of Payee	Date o	of Pub	lic Distribution/	/Dissemination
	Mr. Roger McKinney	М	10 <sup>M</sup>	31	2014
	Mailing Address 308 West Main Street	Amour	nt		
-	City State Zip Code				105.00
	Pilot Mountian NC 27041			n ID: 779d64ef bursement or C	f-8283-4c78-9
	Purpose of Expenditure Salary  Category/ Type 001		10 M	31	2014
ľ	Name of Federal Candidate Support Office	e Sought	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement		Primary specify) ▶	General
	Full Name of Payee Mr. Roger McKinney  Mailing Address 308 West Main Street	Date of	of Pub	olic Distribution	/Dissemination
-	City State Zip Code				22.11
	Pilot Mountian NC 27041	Transa Date 1	ction	ID: 8ae79d72- bursement or (	-532c-4113-8
	Purpose of Expenditure Mileage  Category/ Type  002	М	10	/ 31	2014
-	Name of Federal Candidate Support Office	e Sough	t:	House	District:00
		Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary	/ Kaneral
(	(a) SUBTOTAL of Itemized Independent Expenditures			7	127.11
(	(b) SUBTOTAL of Unitemized Independent Expenditures				
(	(c) TOTAL Independent Expenditures			7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 /	02		4
	Signature				

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Schedule E)	EI ENDENT EXTEND	TOTILO	PAGE 117 OF FOR SE OF FORM 24/	148 48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R▼
Women Speak Out PAC			C C00530766	
Check if X 24-hour report 48-h	rt filed on	Y		
Full Name of Payee Aaron L Watson			Date of Public Distribution/Disseminat	ion
			10 31 2014	Y
Mailing Address 30217 Crook Rd			Amount	
City	State	Zip Code	50	.00
Cleveland	MO	64734	Transaction ID: afa407c9-c9ab-4c96 Date of Disbursement or Obligation	i-a
Purpose of Expenditure Salary		Category/ Type 001	10 31 2014	
Name of Federal Candidate		Support	Office Sought: House District:	00
Mr. Greg Orman		X Oppose		KS
Calendar Year-To-Date Per Election for Office Sought	2	02795.52	Disbursement For: ☐ Primary ☐ Ge 2014 ☐ Other (specify) ▶	neral
Full Name of Payee			Date of Public Distribution/Disseminat	tion
Aaron L Watson			10 31 Y Y Y 1	
Mailing Address 30217 Crook Rd			Amount	
City	State	Zip Code	15.0	00
Cleveland	MO	64734	Transaction ID: 0347f9a4-a713-4f96-s Date of Disbursement or Obligation	9
Purpose of Expenditure Mileage		Category/ Type 002	10 31 Y 2014	Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Mr. Greg Orman		Oppose	President Senate State:	KS
Calendar Year-To-Date Per Election for Office Sought		202795.52	Disbursement For:  Primary	eneral
(a) SUBTOTAL of Itemized Independ	ent Expenditures		65.00	_
(a) CCD TO THE OF NOTHING HIS OPPOSE	ол <b>-</b> дроголого		7 7 7	-
(b) SUBTOTAL of Unitemized Independent	ndent Expenditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures	·		·	
	of, any candidate or authorized		not made in cooperation, consultation, or corf either, or (if the reporting entity is not a pol	
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 02 2014	

· · ·						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)					FEC I	IDENTIFICATION	ON NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report 48-hour report	New repo	ort Am	iends repo		M = M	/ D D /	Y = Y = Y
Full Name of Payee				Date	of Publ	lic Distribution/	Dissemination
April A Watson					M 10	31	2014
Mailing Address 30217 Crook Rd				Amo	unt		
City	State	Zip Code		— I [ .			55.00
Cleveland	МО	64734		<b>Tran</b> Date	saction of Disb	ID: f2a1b364 oursement or C	-6f86-4412-b Obligation
Purpose of Expenditure Salary		Category/ Type	001	] [	10	31	2014
Name of Federal Candidate			Support	Office Soug	ht:	House	District: 00
Mr. Greg Orman		X	Oppose	Presid	dent	X Senate	State: KS
Calendar Year-To-Date Per Election for Office Sought	, 2	02795.52		Disburseme		Primary	X General
Full Name of Payee April A Watson  Mailing Address 30217 Crook Rd						lic Distribution/	Dissemination 2014
				Amo	unt		
City	State	Zip Code				, , ,	26.70
Cleveland	МО	64734				ID: 83a17f73-	
Purpose of Expenditure Mileage		Category/ Type	002	]   [	10 <sup>M</sup>	31	2014
Name of Federal Candidate			Support	Office Soug	ht:	House	District:00
Mr. Greg Orman		X	Oppose	Presid	dent	X Senate	State: KS
Calendar Year-To-Date Per Election for Office Sought	, ,	202795.5	2	Disburseme 2014		Primary	X General
(a) SUBTOTAL of Itemized Independent Expenditures	S			· [	-7	7	81.70
(b) SUBTOTAL of Unitemized Independent Expenditu	ires			•			
(c) TOTAL Independent Expenditures				· [		7	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized						
Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M /	02	201	
Signature							

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Schedule E)	INI EXI END	ITOTILO		PAGE 119 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Avery Watson			10 N	31 2014
Mailing Address 30217 Crook Rd			Amount	
City	State	Zip Code		10.00
Cleveland	MO	64734		ID: 3162cbcf-48d4-475c-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	;	202795.52	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Avery Watson			10	31 2014
Mailing Address 30217 Crook Rd			Amount	
City	State	Zip Code		3.00
Cleveland	МО	64734		D: b2ba751d-c34b-47a9-a oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		202795.52	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			13.00
			-	7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· <b>•</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the indeperment, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 02	2014
-				

Schedule E)			1101120		PAGE 120 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (	,				FEC IDENTIFICATION NUMBER ▼
Women Speak O	ut PAC				C C00530766
Check if 24-hour rep	ort 48-hour report	New rep	ort Amends repo	ort filed on	/ M = M / D = D / Y = Y = Y
Full Name of Payee Cynthia J Chris	otmas				of Public Distribution/Dissemination
Mailing Address 173					10 31 2014
113	Frenchmen St			Amou	unt
City		State	Zip Code		50.00
New Orleans		LA	70116		saction ID: d8ab4c92-5eab-4c25-b of Disbursement or Obligation
Purpose of Expenditu Salary	re		Category/ Type 001		10 / 31 / 2014
Name of Federal Can	didate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu			X Oppose	Presid	
Calendar Year-To Per Election for		2	225731.03	Disbursemer 2014	nt For:  Primary
Full Name of Payee				Date	of Public Distribution/Dissemination
Dylan J Sparks					10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 91	5 East Market Ave			L	10 31 2014
	3 East Ividinet Ave			Amou	unt
City		State	Zip Code	ПL.	100.00
Searcy		AR	72149	Transa Date	action ID : ac71d054-989f-4f0a-a of Disbursement or Obligation
Purpose of Expenditu Salary	re		Category/ Type 001		10 / 31 / 2014
Name of Federal Car	ıdidate		Support	Office Sough	ht: House District: 00
Mr. Mark L Pryor			Oppose	Presid	
Calendar Year-To Per Election for		7 7	223618.14	Disbursemen 2014	nt For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Item	nized Independent Expenditu	ıres		·· •	150.00
(b) SUBTOTAL of Unit	temized Independent Expend	ditures		·· •	7 1 7 1 7
(c) TOTAL Independen	nt Expenditures			·· •	
with, or at the request		date or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily	Buchanan	[Electron	ically Filed] Date	e 11	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			_		

Schedule E)	AI ENDITORIES	PAGE 121 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report f	illed on
Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination
Mailing Address 915 East Market Ave		10 31 2014  Amount
City Sta	te Zip Code	86.40
Searcy	·	Transaction ID : ee9c3a06-7f74-408c-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	office Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For:  Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Colton R Overcash		10 31 2014
Mailing Address 121 Ohara Dr		Amount
011	7'- 0-1-	
City Sta Salisbury N		90.00  Transaction ID : aec36db0-e50d-4638-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 31 / 2014
Name of Federal Candidate	Support C	Office Sought: House District:00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		olsbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures		176.40
(b) SUBTOTAL of Unitemized Independent Expenditures	)	
(c) TOTAL Independent Expenditures	)	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of e	
Ms. Emily Buchanan	[Electronically Filed] Date	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out Pa	AC .		C C00530766
Check if X 24-hour report	48-hour report New report	ort Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee			Date of Public Distribution/Dissemination
Colton R Overcash			10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 121 Ohara	Dr		Amount
City	State	Zip Code	135.60
Salisbury	NC	28147	Transaction ID: 04b448ba-8a81-4c7c-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support Off	ice Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office S	Sought 10	Dis 201	bursement For: Primary General  Other (specify)
Full Name of Payee			Date of Public Distribution/Dissemination
Christine Stevens			10 31 2014
Mailing Address 100 Asbu	ury Ct		Amount
City	State	Zip Code	75.00
Winchester	VA	22602	Transaction ID : 3144dd8b-3fd2-4c89-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10
Name of Federal Candidate		Support Off	ice Sought: House District: 00
Mr. Greg Orman		X Oppose	President State: KS
Calendar Year-To-Date Per Election for Office	Sought	202795.52 Dis 20	sbursement For:  Primary
(a) SUBTOTAL of Itemized In	ndependent Expenditures	·····	210.60
(b) SUBTOTAL of Unitemized	Independent Expenditures	·····	
(c) TOTAL Independent Expe	enditures	<b>•</b>	
	gestion of, any candidate or authorized		made in cooperation, consultation, or concert ner, or (if the reporting entity is not a political
Ms. Emily Buchan		ically Filed] Date	11 02 Y 2014
Signature			

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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Jazmine d Conner	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 100 ASBURY CT	Amount
	City State Zip Code	70.00
	WINCHESTER VA 22602	Transaction ID: 71bf5d75-1f1d-4e47-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 202795.52  Disbut 2014	rrsement For: Primary General
	Full Name of Payee	Other (specify)
	Jon E Conner	Date of Public Distribution/Dissemination
	Mailing Address 100 Asbury Ct	10 31 2014 Amount
1	City State Zip Code	75.00
	Winchester VA 22602	Transaction ID: ac63601b-924d-42d4-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 31 2014
1	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
		ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	145.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
_	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not make with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	1 02 2014
	Signature	
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	······································		FOR SE	OF FORM 24/48
	OF COMMITTEE (In Full)	FE	C IDENTIFICA	ATION NUMBER ▼
VVC	omen Speak Out PAC	(	C0053076	66
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on M	M / D D	/ Y = Y = Y = Y
	ull Name of Payee	Date of I	Public Distribut	ion/Dissemination
	Rodney O Culbreath	M 10		2014
I	failing Address 100 Asbury Ct	Amount		
С	Sity State Zip Code	T		80.00
\	Vinchester VA 22602	Transac Date of	tion ID: 45f780 Disbursement of	<b>0f9-acf0-41ff-a</b> or Obligation
	curpose of Expenditure Salary  Category/ Type 001	10	M / D D	2014
N	lame of Federal Candidate Support Office	Sought:	House	District: 00
N	Mr. Greg Orman Oppose	President	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 202795.52  Disbut 2014	rsement F	or: Primer (specify) ▶ _	ary 🔀 General
	Full Name of Payee Rodney D Culbreth  Mailing Address 100 Asbury CT	Date of	M / D D	ion/Dissemination
	3200 Dam Neck Rd	Amount		
C	City State Zip Code			80.00
_	Winchester VA 22602		on ID: 83966a Disbursement	<b>122-dd35-4565-b</b> or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10		2014
Ν	lame of Federal Candidate Support Office	Sought:	House	District:00
ľ	Mr. Greg Orman Oppose	President	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement F	or: Primer (specify) ►	nary X General
(a)	SUBTOTAL of Itemized Independent Expenditures		7-1-2	160.00
<b>(b</b> )	SUBTOTAL of Unitemized Independent Expenditures		7	p. 1 - 4
(c)	TOTAL Independent Expenditures		7	7
wit	der penalty of perjury I certify that the independent expenditures reported herein were not ma h, or at the request or suggestion of, any candidate or authorized committee or agent of either rty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date	M / D	02 / Y	2014
	Signature			

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OF

Schedule E)		. 01120		PAGE 125 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	✓ New repo	rt Amends repo	rt filed on	M / D D / Y Y Y Y Y
Full Name of Payee Rze Culbreath				f Public Distribution/Dissemination
Mailing Address 100 Asbury Ct				10 31 2014
<b>l</b> '		Zip Code 22602		75.00 action ID : 49278446-5d72-4f2f-a
Purpose of Expenditure Salary		Category/ Type 001	М	f Disbursement or Obligation  10 31 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Mr. Greg Orman		X Oppose	Preside	nt Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	20	02795.52	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee Brieshauna M Stevens  Mailing Address 1703 Torrey Pines Ct			M	f Public Distribution/Dissemination
City Sta	tate	Zip Code		30.00
	VA	20190		ction ID : 70f5cfb4-82e2-49b0-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 31 7 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Greg Orman		Oppose	Preside	nt Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		202795.52	Disbursement 2014 Ot	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			<b>.</b>	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	;		•	
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	or authorized			
Ms. Emily Buchanan	[Electronic	cally Filed] Date	M M /	02 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature				

_		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Karen R Myers	10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 14566 NW 110th St	Amount
	City State Zip Code	82.50
	Whitewater KS 67154	Transaction ID: 96af8b0b-2be8-425e-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	M 10 / 31 / Y 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 202795.52  Disbut 2014	ursement For: Primary
	Full Name of Payee	Date of Public Distribution/Dissemination
	Karen R Myers	10 31 2014
	Mailing Address 14566 NW 110th St	Amount
	City State Zip Code	28.20
	Whitewater KS 67154	Transaction ID : df93d244-edb2-4dce-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 31 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 202795.52	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	110.70
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 02 2014
	Signature	

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OF

Schedule E)	LIVI LXI LIVD	TIONES	PAGE 1 FOR SE	27 OF 148 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	TION NUMBER ▼
Women Speak Out PAC			C C0053076	6
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	/ Y = Y = Y = Y
Full Name of Payee			Date of Public Distribution	on/Dissemination
Stuart T Haley			10 / 31	2014
Mailing Address 600 W Vine Ave			Amount	
City	State	Zip Code		115.00
Searcy	AR	72143	Transaction ID : 9eaec6 Date of Disbursement o	
Purpose of Expenditure Salary		Category/ Type 001	10 / 31	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Mr. Mark L Pryor		X Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought		223618.14	Disbursement For: Prima 2014 Other (specify) ▶ _	ary X General
Full Name of Payee	_		Date of Public Distribution	on/Dissemination
Stuart T Haley			10 / 31	2014
Mailing Address 600 W Vine Ave			Amount	
City	State	Zip Code		60.00
Searcy	AR	72143	Transaction ID : f172e78 Date of Disbursement of	
Purpose of Expenditure Mileage		Category/ Type 002	10 / 31	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Mark L Pryor		Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought		223618.14	Disbursement For: ☐ Prima 2014 ☐ Other (specify) ► _	ary X General
(a) SUBTOTAL of Itemized Independent Expendent	ditures			175.00
(b) CURTOTAL of Heiteriand Index and at Foreign			7	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		014

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if Z 24-hour report 48-hour report New report Amends report file	d on
٦	Full Name of Payee	Date of Public Distribution/Dissemination
١	LaVonna A Brown	10 31 2014
	Mailing Address 1211 Treaty Rd	Amount
	City State Zip Code	95.00
	Delphos KS 67436	Transaction ID : 5e3ddf98-ba61-4c2e-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	ce Sought: House District: 00
١	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Disb	pursement For: Primary X General
1	Per Election for Office Sought 202795.52 2014	
	Full Name of Payee LaVonna A Brown	Date of Public Distribution/Dissemination
١	Malling Address	10 31 2014
	Mailing Address 1211 Treaty Rd	Amount
1	City State Zip Code	27.00
١	Delphos KS 67436	Transaction ID : 2ffd134a-0769-45c2-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 31 / Y Y Y Y Y
1	Name of Federal Candidate Support Office	ce Sought: House District: 00
١		President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disk 202795.52  Disk 201	oursement For: Primary General  Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	122.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not method with, or at the request or suggestion of, any candidate or authorized committee or agent of either committee) any political party committee or its agent.	
		11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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Schedule E)	TTT EXT EITE			PAGE 129 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			ĺ	C C00530766
Check if 24-hour report 48-hour report	New re	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Kaleigh J Wagner	,		M	Public Distribution/Dissemination
Mailing Address 18065 Wayne Rd			Amount	0 31 2014
City	State	Zip Code		130.00
Odessa	FL	33556		ction ID : c2f08fc6-e8fc-4733-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		0 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presider	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		223618.14	Disbursement 2014 Oth	For: Primary General ner (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Heather N Montgomery				10 31 2014
Mailing Address 106 Wyncrest Ct				2011
			Amoun	t
City	State	Zip Code		70.00
Hendersonville	TN	37075	Transac Date of	tion ID: 30ca75ef-27f9-4f3a-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		0 31 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presider	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		223618.14	Disbursement 2014 Oth	For: Primary ⊠ General ner (specify) ►
•				
(a) SUBTOTAL of Itemized Independent Expendit	ures		▶	200.00
(b) SUBTOTAL of Unitemized Independent Exper	ditures		· •	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	e 11	02 2014
Signature				

Schedule E)	I EXI END	TOTILO	<b>⊢</b>	PAGE 130 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Heather N Montgomery			Date of Public	Distribution/Dissemination
Mailing Address 106 Wyncrest Ct			Amount	31 2014
City	State	Zip Code		41.10
Hendersonville	TN	37075		2 : 55f44266-006f-44e8-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	, , , 2	223618.14	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee Randy M Gold			M = M /	Distribution/Dissemination
Mailing Address 1436 Haigs Creek Dr			Amount	31 2014
City	State	Zip Code		130.00
Elgin	SC	29045		: 54e1f59f-8a8d-4f49-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	223618.14	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	9S		·	171.10
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>•</b>	1 1 1 1 1 1 1
			4	4
(c) TOTAL Independent Expenditures			<b>)</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ite or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 02	2014
Jigitata 0				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Randy M Gold	10 31 2014
Mailing Address 1436 Haigs Creek Dr Amo	ount
City State Zip Code	90.48
Elgin SC 29045 Tran	nsaction ID : 1f17269a-cd8a-41eb-a e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 31 / 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Mr. Mark L Pryor Oppose Presi	ident State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement 223618.14  Disbursement 2014	ent For: Primary ⊠ General  Other (specify) ▶
	e of Public Distribution/Dissemination
Kinsey E Beck	10 31 2014
Mailing Address 103 Glenhaven Ct	ount
City State Zip Code	70.00
	saction ID: 02a41c98-9bdb-436c-b e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 31 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Mr. Mark L Pryor Oppose Presi	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 223618.14	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	160.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	02 2014
Signature	

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	modulo L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
T	Full Name of Payee	Date of Public Distribution/Dissemination
	Jeffrey Hampton	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1700 E Part Ave	Amount
	City State Zip Code	24.00
	Searcy AR 72149	Transaction ID: 2a4a1576-0a2c-43dc-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 / 31 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary General
ŀ	Full Name of Payer	Other (specify)
	Full Name of Payee  Jeffrey Hampton	Date of Public Distribution/Dissemination  10 31 2014
	Mailing Address 1700 E Part Ave	Amount
	City State Zip Code	1.74
	Searcy AR 72149	Transaction ID: 0efcd04e-d4d5-4777-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 31 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	25.74
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 02 2014
	Signature	

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Schedule E)	IN EXIEND	HONES		PAGE 133 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Darius Beverly			10	31 / 2014
Mailing Address 157 Bishop Drive			Amount	
City	State	Zip Code		75.00
Avondale	LA	70094		D: a76f634c-22f7-44eb-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-	225731.03	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Ms. Dinah Beverly			10	31 / 2014
Mailing Address 157 Bishop Drive			Amount	
City	State	Zip Code		75.00
Avondale	LA	70064		: d1398eeb-4e5a-473e-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	225731.03	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			150.00
//s) CURTOTAL of Unitersized Independent Function	alikuwa a			
(b) SUBTOTAL of Unitemized Independent Exper	iditures		•	45
(c) TOTAL Independent Expenditures			<b>•</b>	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 02	2014
- 3				

Schedule E)	II EXI EI	ITOTILO		PAGE 134 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee Ms. Dinah Beverly				of Public Distribution/Dissemination
Mailing Address 157 Bishop Drive			Amou	10 31 2014
			741104	
City	State	Zip Code		6.90
Avondale	LA	70064		action ID: 6f54987f-54d7-4730-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 31 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought		225731.03	Disbursemen 2014 C	t For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Earl Stewart				10 31 Y Y Y Y Y Y
Mailing Address 9455 Snow Camp Road			Amou	nt
City	State	Zip Code		55.00
Snowcamp	NC	27349		oction ID: 52f8f73d-86a7-4c00-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 31 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7 7	1081521.47	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditur	es			61.90
(1) OUDTOTAL (11) : 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-	
(b) SUBTOTAL of Unitemized Independent Expendent	tures		• •	7 7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11	02 2014
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Earl Stewart	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9455 Snow Camp Road	Amount
City State Zip Code	11.40
Snowcamp NC 27349	Transaction ID : b4f81bdf-6b5f-48b3-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 31 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Me Kay Hagan	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For: Primary
Full Name of Payee Amelia Brackett	Date of Public Distribution/Dissemination
	10 31 2014
Mailing Address 804 Roundabout Circle	Amount
City State Zip Code	60.00
Searcy AR 72143 T	ransaction ID : 82edb02e-642b-4491-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 31 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Disburs 223618.14  Disburs 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	71.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Schedule I	E)		101.20		PAGE 136 OF 148 FOR SE OF FORM 24/48
	DMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
Check if X	24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
	e of Payee n B Allen				of Public Distribution/Dissemination
Mailing A	ddress 2121 Daniel Dr			Amou	10 31 2014 unt
City		State	Zip Code	— [	60.00
Searcy		AR	72143		saction ID : cb1b35a7-a3e9-4b30-8 of Disbursement or Obligation
Purpose of Salary	of Expenditure		Category/ Type 001		10 31 2014
Name of	Federal Candidate		Support	Office Sough	ht: House District: 00
Mr. Mark	L Pryor		X Oppose	Presid	
	ndar Year-To-Date Election for Office Sought	, , 2	223618.14	Disbursemer 2014	nt For: Primary General  Other (specify) ▶
	e of Payee B Allen				of Public Distribution/Dissemination
Mailing A	ddress 2121 Daniel Dr			Amou	
City		State	Zip Code		75.30
Searcy		AR	72143		action ID: 02409323-0f0b-43eb-a of Disbursement or Obligation
Purpose of Mileage	of Expenditure		Category/ Type 002		10 / 31 / 2014
1	Federal Candidate		Support	Office Sough	ht: House District: 00
Mr. Mark	L Pryor		X Oppose	Presid	
	ndar Year-To-Date Election for Office Sought	, , ,	223618.14	Disbursemer 2014	nt For: Primary X General  Other (specify) ▶
(a) SUBTO	<b>PTAL</b> of Itemized Independent Expenditure	es			135.30
(b) SUBTO	OTAL of Unitemized Independent Expendit	tures		. •	
(c) TOTAL	Independent Expenditures			·· •	
with, or at	alty of perjury I certify that the independent the request or suggestion of, any candidanittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 11 /	02 2014
Signatu	re				

Schedule E)	NDENT EXTEND	TOTILO		PAGE 137 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour rep	port New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee John P Hilkert				Distribution/Dissemination
Mailing Address 7 Bards Lane			10	31 / 2014
7 balus Lane			Amount	
City	State	Zip Code		70.00
Fletcher	NC	28732		D: d59aec01-7e98-4992-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	10	81521.47	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
John P Hilkert			10	31 2014
Mailing Address 7 Bards Lane			Amount	
City	State	Zip Code		16.20
Fletcher	NC	28732		: d3266146-a8ea-46ef-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1081521.47	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Ex	penditures		·	86.20
#\\ <b>QUIDTOT!!</b>	- n			7
(b) SUBTOTAL of Unitemized Independent	Expenditures		<b>•</b>	4 4
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 02	2014
- 3				

Schedule E)	110E: E110E::: =/:: =/::	71101120		AGE 138 OF 148 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	-			NTIFICATION NUMBER ▼
Women Speak Out PA	C			00530766
Check if 24-hour report	48-hour report New rep	port Amends repo	t filed on	D = D / Y = Y = Y
Full Name of Payee Irene R Hoyer			M M /	Distribution/Dissemination
Mailing Address 4310 N Missi	on Rd		Amount	31 2014
City	State	Zip Code		34.00
Bel Aire	KS	67226		: 23630bed-2d2c-4722-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office So	ought	202795.52	Disbursement For:  2014  Other (spec	Primary
Full Name of Payee Irene R Hoyer			Date of Public I	Distribution/Dissemination 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4310 N Mis	ssion Rd		Amount	
City	State	Zip Code		9.00
Bel Aire	KS	67226		<b>229b5b01-407d-4245-b</b> ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X	
Calendar Year-To-Date Per Election for Office So	ought	202795.52	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Ind	lependent Expenditures		•	43.00
(b) SUBTOTAL of Unitemized	Independent Expenditures		<b>)</b>	1 7 1 1 7 1
(c) TOTAL Independent Expen	ditures		<b>&gt;</b>	7
	fy that the independent expenditures estion of, any candidate or authorize arty committee or its agent.			
Ms. Emily Buchanar		nically Filed] Date	11 02	2014
Signature				

		FOI	R SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENT	TIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00	530766
Che	eck if $X$ 24-hour report 48-hour report $X$ New report $X$ Amends report filed		D / Y = Y = Y
П	Full Name of Payee	Date of Public Dis	tribution/Dissemination
	Michael Chinchar	10 / D	29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2730 Dave Ward Dr	Amount	
ı	City State Zip Code		70.00
	Conway AR 72034	Transaction ID: a Date of Disbursen	afc0aee9-3015-4cfb-a
	Purpose of Expenditure Salary  Category/ Type 001		29 / 2013
ı	Name of Federal Candidate Support Office	Sought: H	ouse District: 00
	Mr. Mark I. Pryor	President X S	enate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbur 223618.14  Disbur 2014	sement For:  Other (specify	Primary
	Full Name of Payee Michael Chinchar  Mailing Address 2730 Dave Ward Dr	Date of Public Dis	stribution/Dissemination
	City State Zip Code		25.50
	·		c588ef3-d20c-48d6-b
	Purpose of Expenditure Mileage  Category/ Type  002	Date of Disbursen	
ľ	Name of Federal Candidate Support Office	Sought:	louse District: 00
	Mr. Mark L Pryor Oppose	President X S	enate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	sement For: Other (specify	Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures	7	95.50
(	(b) SUBTOTAL of Unitemized Independent Expenditures	7	75
(	(c) TOTAL Independent Expenditures		7 1 5
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.		
	Ms. Emily Buchanan  [Electronically Filed] Date  Signature	M / 02 /	2014
	Oignaturo ————————————————————————————————————		

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OF

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 4	8-hour report New report	ort Amends report	filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Michael Chinchar			10 28 2014
Mailing Address 2730 Dave Ward	d Dr		Amount
City	State	Zip Code	60.00
Conway	AR	72034	Transaction ID : 8521b607-973a-4d8c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 2014
Name of Federal Candidate		Support C	Office Sought: House District:00
Mr. Mark L Pryor		∑ Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Soug	ht 2		Disbursement For: Primary
Full Name of Payee Michael Chinchar		'	Date of Public Distribution/Dissemination
Mailing Address 2730 Dave W	ard Dr		10 28 2014 Amount
City	State	Zip Code	24.00
Conway	AR	72034	Transaction ID : 6f9d6391-cafb-4b14-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 28 2014
Name of Federal Candidate		Support (	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Soug	ht		Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Indep	endent Expenditures		84.00
(b) SUBTOTAL of Unitemized Ind	ependent Expenditures		
(c) TOTAL Independent Expenditu	ıres		
	on of, any candidate or authorized		t made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electroni	ically Filed] Date	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

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OF

PAME OF COMMITTEE (In Full) Women Speak Out PAC    Compose of Expenditure Salary   Calendar Year-To-Date Per Election for Office Sought   Tall Smith   Date of Payee Plannah K Smith   Calendar Year-To-Date Plannah K Smith   Date of Public Distribution/Dissemination   Public Distribution/Dissemination   Public Distribution/Dissemination   Public Distribution   Public Distri	148	PAGE 141 OF 16 FOR SE OF FORM 24/4		TOTILO	INDENT EXPEND	Schedule E)
C coos30766  Check if						NAME OF COMMITTEE (In Full)
Full Name of Payee   Hannah K Smith						Women Speak Out PAC
Hannah K Smith  Mailing Address 633 Scott Dr  City State Zip Code Gibsonville NC 27249  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Hannah K Smith  Mailing Address 633 Scott Dr  City State Zip Code Transaction ID : 5fd959b2-e9e5-4fc9-Date of Disbursement or Obligation  President Senate State: No Oppose President Senate State: No Other (specify) ►  Full Name of Payee Hannah K Smith  Mailing Address 633 Scott Dr  City State Zip Code Gibsonville NC 27249  Full Name of Payee Hannah K Smith  City State Zip Code Gibsonville NC 27249  Full Name of Payee Hannah K Smith  State Zip Code Gibsonville NC 27249  Full Name of Payee Hannah K Smith  Mailing Address 633 Scott Dr  Amount  City State Zip Code Gibsonville NC 27249  Full Name of Federal Candidate Support Nileage Support Nileage No Oppose President Senate State: No O	Y = Y		report filed o	ort Amends re	eport New rep	Check if 24-hour report 48-hour re
Amount	YY					
Gibsonville  NC  27249  Transaction ID: 5fd959b2-e9e5-4fc9- Date of Disbursement or Obligation  Manual Manual Malling Address 633 Scott Dr  Category/ Type  Ont  Transaction ID: 5fd959b2-e9e5-4fc9- Date of Disbursement or Obligation  Manual Malling Address 633 Scott Dr  Category/ Type  Office Sought: House District:  Primary Senate State:   Disbursement For: Primary Gereate State:   Other (specify) ►  Transaction ID: 5fd959b2-e9e5-4fc9- Date of Disbursement or Obligation  Malling Address 630 Scott Dr  City State Zip Code Gibsonville  NC  Category/ Type  Other (specify) ►  Transaction ID: 23ea8cfa-5dd9-40a8- Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  Over State State:   Category/ Type  Over State State:   Category/ Type  Over State State:   Disbursement or Obligation  Transaction ID: 27ea8cfa-5dd9-40a8- Date of Disbursement or Obligation  Purpose of Expenditure  Mileage  Category/ Type  Over State State:   Disbursement or Obligation  President Senate State:   Disbursement or Obligation  President Senate State:   Disbursement For: Primary Gerear-To-Date  Disbursement For: Primary Gerear-To-Date  President Senate State:   Disbursement For: Primary Gerear-To-Date  Disbursement For: Primary Gerear-To-Date  Disbursement For: Primary Gerear-To-Date	4	T				Mailing Address 633 Scott Dr
Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Mailing Address 633 Scott Dr  City Gibsonville  Purpose of Expenditure Mileage  Calendar Year-To-Date Purpose of Expenditure Mileage  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary Ger 2014  Other (specify)  Date of Public Distribution/Disseminati  Amount  Transaction ID: 23ea8cfa-5dd9-40a8- Date of Disbursement or Obligation  Transaction ID: 23ea8cfa-5dd9-40a8- Date of Disbursement or Obligation  Oppose  Calendar Year-To-Date Purpose of Expenditure Mileage  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary  Ger 2014  Other (specify)  Transaction ID: 23ea8cfa-5dd9-40a8- Date of Disbursement or Obligation  Transaction ID: 23ea8cfa-5dd9-40a8- Date of Disbursement or Obligation  Disbursement For:  Oppose  Transaction ID: 23ea8cfa-5dd9-40a8- Date of Disbursement or Obligation  Disbursement For: Disbursem	20.00					'
Salary Category/ Type 001 10 30 2014   Name of Federal Candidate Support Office Sought: House District: 0   Ms. Kay Hagan Oppose President Senate State: N   Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Ger   Full Name of Payee Hannah K Smith   Mailing Address 633 Scott Dr   City State Zip Code   Gibsonville NC 27249   Purpose of Expenditure Mileage NC 27249   Name of Federal Candidate Support Office Sought: House District:   Ms. Kay Hagan Support Office Sought: House District:   Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Ger   Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Ger   Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Ger				27249	NC	
Ms. Kay Hagan    Support   Collect Sought   Collect Soug			001			
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Hannah K Smith  Mailing Address 633 Scott Dr  City State Zip Code Gibsonville NC 27249  Purpose of Expenditure Mileage  NC 27249  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary Serial Pother (specify) ▶  Date of Public Distribution/Disseminati  M 10 / 30 / 2014  Amount  Transaction ID: 23ea8cfa-5dd9-40a8-a Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  Oppose  President Senate State: Nothing Senate  Disbursement For: Primary Ger Primary Ger Disbursement For: Primary Ger	00	ice Sought: House District: C	t Office S	Support		Name of Federal Candidate
Per Election for Office Sought  Full Name of Payee Hannah K Smith  Mailing Address 633 Scott Dr  City State Zip Code Gibsonville  NC 27249  Transaction ID: 23ea8cfa-5dd9-40a8-Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  1081521.47  2014  Other (specify)  Date of Public Distribution/Disseminati  Amount  Transaction ID: 23ea8cfa-5dd9-40a8-Date of Disbursement or Obligation  M	NC	President State: N	e	Oppose		Ms. Kay Hagan
Hannah K Smith  Mailing Address 633 Scott Dr  City State Zip Code Gibsonville NC 27249  Purpose of Expenditure Mileage  Mileage  Category/ Type  Category/ Type  Category/ Type  Office Sought: House District:  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Category Type  Disbursement For: Primary Ger	General	14		81521.47	10	0.0000000000000000000000000000000000000
Mailing Address 633 Scott Dr  City State Zip Code Gibsonville NC 27249  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  To 30 2014  Amount  Transaction ID: 23ea8cfa-5dd9-40a8-6 Date of Disbursement or Obligation  Oppose President Senate State:  Disbursement For: Primary General Candidate  Disbursement For: Primary General Candidate	nation	Date of Public Distribution/Dissemination				
City State Zip Code  Gibsonville  NC 27249  Purpose of Expenditure Mileage  Category/ Type  Oppose  Calendar Year-To-Date Per Election for Office Sought  Amount  Amount  Amount  Amount  Category/ Type  Oo2  Transaction ID : 23ea8cfa-5dd9-40a8-a Date of Disbursement or Obligation  Category/ Type  Office Sought:  House District:  Oppose  President  Senate State:  Disbursement For:  Primary  Ger  Office Sought  Disbursement For:  Primary  Ger  Office Sought	14					Hannan K Smith
Gibsonville  NC 27249  Transaction ID : 23ea8cfa-5dd9-40a8-a Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  Name of Federal Candidate  Support  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  1081521.47  Transaction ID : 23ea8cfa-5dd9-40a8-a Date of Disbursement or Obligation  Odfice Sought: House District:  Disbursement For: Primary  Ger 2014		Amount				Mailing Address 633 Scott Dr
Purpose of Expenditure Mileage  Category/ Type  Out  Office Sought:  Date of Disbursement or Obligation  Manuel of Federal Candidate  Support  Ms. Kay Hagan  Calendar Year-To-Date  Per Election for Office Sought  1081521.47  Date of Disbursement or Obligation  Manuel of Federal Candidate  Support  Office Sought:  House  Disbursement For:  Primary  Ger  2014	6.30	6.30		Zip Code	State	City
Mileage  Name of Federal Candidate  Support  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  1081521.47  Ogo  Disbursement For: Primary  Ger  2014  108 30 2014  108 30 2014		Transaction ID: 23ea8cfa-5dd9-40a8-a Date of Disbursement or Obligation		27249	NC	
Ms. Kay Hagan    Support   Office Sought   House   District.			02			
Calendar Year-To-Date Per Election for Office Sought  1081521.47  Disbursement For: Primary X Ger 2014	00	fice Sought: House District:(	rt Office	Support		
Per Election for Office Sought 1081521.47 2014	NC	President X Senate State: N	e r	X Oppose		Ms. Kay Hagan
<del>-</del>	General	014		1081521.47		
(a) SUBTOTAL of Itemized Independent Expenditures	30	26.30	····· •		xpenditures	(a) SUBTOTAL of Itemized Independent Ex
(b) SUBTOTAL of Unitemized Independent Expenditures			····· •		t Expenditures	(b) SUBTOTAL of Unitemized Independent
(c) TOTAL Independent Expenditures			······			(c) TOTAL Independent Expenditures
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					ny candidate or authorized	with, or at the request or suggestion of, any
Ms. Emily Buchanan  [Electronically Filed] Date 11 02 2014  Signature				cally Filed]	[Electron	

	include Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Che	eck if Z 24-hour report 48-hour report New report Amends report filed		- M	/ D D /	Y I Y I Y I Y
$\Box$	Full Name of Payee	Date of	of Pub	lic Distribution/	/Dissemination
	Kaylan N Swanson	М	10 <sup>M</sup>	30	2014
	Mailing Address 633 Scott Dr	Amour	nt		
	City State Zip Code				20.00
	Gibsonville NC 27249			n ID: 31a09218 oursement or 0	3-6b00-453e-a
	Purpose of Expenditure Salary  Category/ Type 001		10 M	30	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursemen		Primary	General
	Full Name of Payee			specify)	/Dissemination
	Eleanor McCoy	IM	10 <sup>M</sup>	30	2014
	Mailing Address 4902 Catawba Dr	Amou	nt		
	City State Zip Code				10.00
	Greensboro NC 27407	Transa Date of	ction of Disl	ID: 6dd53e0e bursement or 0	-89a4-44df-a Obligation
	Purpose of Expenditure Salary  Category/ Type  001		10	30	2014
	Name of Federal Candidate Support Office	e Sough	t:	House	District: 00
		Preside		Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary	/ Karal General
(	(a) SUBTOTAL of Itemized Independent Expenditures			7	30.00
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 /	02		4
	Signature				

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OF

Schedule E)	INTO INDEPENDEN	II EXI END	TOTILO		PAGE 143 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak C	out PAC				C C00530766
Check if X 24-hour rep	port 48-hour report	X New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee				Date	e of Public Distribution/Dissemination
Eleanor McCo					10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 490	2 Catawba Dr			Amo	punt
City		State	Zip Code		12.30
Greensboro		NC	27407		nsaction ID : 1ef9d094-0196-48c2-8 e of Disbursement or Obligation
Purpose of Expenditu Mileage	ıre		Category/ Type 002		10 30 / Y Y Y Y Y
Name of Federal Car	ndidate		Support	Office Soug	ght: House District: 00
Ms. Kay Hagan			X Oppose	Presi	ident Senate State: NC
Calendar Year-To Per Election for		, 10	081521.47	Disburseme 2014	ent For:
Full Name of Payee		_		Date	e of Public Distribution/Dissemination
Laurel Littler					10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1	45 Bradford Circle			Amo	ount
City		State	Zip Code		45.00
Clayton		NC	27527		saction ID : 9ca310e3-f746-4d96-8 e of Disbursement or Obligation
Purpose of Expendite Salary	ure		Category/ Type 001		10 30 / 2014
Name of Federal Ca	ndidate		Support	Office Sou	ght: House District:00
Ms. Kay Hagan			X Oppose	Presi	ident Senate State: NC
Calendar Year-To Per Election for		, , ,	1081521.47	Disburseme 2014	ent For:
(a) SUBTOTAL of Iter	nized Independent Expenditur	es			57.30
					7 7
(b) SUBTOTAL of Un	temized Independent Expendi	tures		· •	7 7
(c) TOTAL Independe	nt Expenditures			•	
with, or at the request		ate or authorized			cooperation, consultation, or concert if the reporting entity is not a political
Ms. Emily	Buchanan	[Electron	ically Filed] Date	11	02 / 2014
3					

Schedule E)		101120		PAGE 144 OF 148 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-ho	ur report New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Laurel Littler			Date of Pub	lic Distribution/Dissemination
Mailing Address 145 Bradford Circle			10 Amount	30 2014
07	Otata	7:- 0-1-		40.00
City Clayton	State NC	Zip Code 27527		12.00 ID: 1ece284e-2270-4fbb-9 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M 10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	81521.47	Disbursement For: 2014 Other (s	Primary ⊠ General Specify) ►
Full Name of Payee  Mattie Harris			Date of Pub	olic Distribution/Dissemination
- Wattle Hairis			10	30 / Y Y Y Y Y Y Y Y
Mailing Address 3654 Tara St			Amount	
City	State	Zip Code		60.00
springdale	AR	72762		ID: a1739e28-d882-48fb-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		223618.14	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independe	nt Expenditures			72.00
	•			7 7
(b) SUBTOTAL of Unitemized Indepen	dent Expenditures		• •	
(c) TOTAL Independent Expenditures.			•	7
Under penalty of perjury I certify that with, or at the request or suggestion o party committee) any political party committee.	f, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / D I I	2014
Signature				

		FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)  Woman Charles Out DAC						
۷۱	omen Speak Out PAC	C C00530766				
Check if Z 24-hour report 48-hour report New report Amends report filed on						
Ţ	Full Name of Payee	Date of Public Distribution/Dissemination				
	Mattie Harris	10 30 2014				
	Mailing Address 3654 Tara St	Amount				
	City State Zip Code	12.00				
	springdale AR 72762	Transaction ID : 50a4b6d8-d066-41ec-8 Date of Disbursement or Obligation				
	Purpose of Expenditure Mileage  Category/ Type  002	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Name of Federal Candidate Support Office	Sought: House District:00				
	Mr. Mark L Pryor Oppose	President State: AR				
	Calendar Year-To-Date Per Election for Office Sought  Disbu 223618.14  Disbu 2014	rsement For:				
ı	Full Name of Payee Jacob W Joosten	Date of Public Distribution/Dissemination				
	Mailing Address 1906 S Pine Apt B	Amount				
ı	City State Zip Code	40.00				
	Pittsburg KS 66762	Transaction ID: 4950c62c-e85e-41f2-8 Date of Disbursement or Obligation				
	Purpose of Expenditure Salary  Category/ Type 001	10 30 / 2014				
	Name of Federal Candidate Support Office	Sought: House District: 00				
	Mr. Greg Orman Oppose	President Senate State: KS				
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General  Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
_	(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Ms. Emily Buchanan [Electronically Filed] Date	M / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Signature					

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		FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)  Woman Speak Out DAC						
۷۱	omen Speak Out PAC	C C00530766				
Check if 24-hour report 48-hour report Mew report Amends report filed on						
T	Full Name of Payee	Date of Public Distribution/Dissemination				
	Jacob W Joosten	10 30 / Y Y Y Y				
	Mailing Address 1906 S Pine Apt B	Amount				
ı	City State Zip Code	32.70				
١	Pittsburg KS 66762	Transaction ID : dd39880e-c068-4b9f-8 Date of Disbursement or Obligation				
	Purpose of Expenditure Mileage  Category/ Type  002	10 30 2014				
ı	Name of Federal Candidate Support Office	Sought: House District:00				
	Mr. Greg Orman	President Senate State: KS				
	Calendar Year-To-Date Per Election for Office Sought  Disbut 202795.52  Disbut 2014	rsement For: Primary				
ĺ	Full Name of Payee Joseph R English	Date of Public Distribution/Dissemination				
	Mailing Address 915 East Market Ave Apt 4	Amount				
ı	City State Zip Code	80.00				
١	Searcy AR 72143	Transaction ID: 06d9a0f8-1bdf-4965-9 Date of Disbursement or Obligation				
	Purpose of Expenditure Salary  Category/ Type 001	10 30 7 2014				
	Name of Federal Candidate Support Office	Sought: House District: 00				
	Mr. Mark L Pryor Oppose	President Senate State: AR				
	Calendar Year-To-Date Per Election for Office Sought  Disbu 223618.14	rsement For: Primary X General  Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(	(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Ms. Emily Buchanan  [Electronically Filed] Date  Signature	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Oignaturo	<del></del>				

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OF

Schedule E)  PAGE 147 OF 148  FOR SE OF FORM 24/48						
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Women	Speak Out PAC		C C00530766			
Check if X 24-hour report 48-hour report New report Amends report filed on						
	ne of Payee bh R English				of Public Distribution/Dissemination	
Mailing A	Address 915 East Market Ave Apt 4			Amou	10 30 2014 unt	
City		State	Zip Code		52.80	
Searcy		AR	72143		saction ID : 9bff9169-a190-46cd-8 of Disbursement or Obligation	
Purpose Mileage	of Expenditure		Category/ Type 002		10 30 / 2014	
Name of	Federal Candidate		Support	Office Sough	nt: House District: 00	
Mr. Mari	k L Pryor		X Oppose	Presid		
	endar Year-To-Date Election for Office Sought	, 2	23618.14	Disbursemer 2014	nt For:	
	ne of Payee al A Wilson				of Public Distribution/Dissemination	
Mailing /	Address 448 Judson Dr			L	10 30 2014	
				Amou	ınt	
City		State	Zip Code		40.00	
Wake F	orest of Expenditure	NC	27587	Date	of Disbursement or Obligation	
Salary	or Experience		Category/ Type 001		10 30 / 2014	
Name of	Federal Candidate		Support	Office Sough	nt: House District: 00	
Ms. Kay	Hagan		X Oppose	Presid		
	endar Year-To-Date Election for Office Sought	7 7	1081521.47	Disbursemer 2014	nt For:	
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(-,						
(c) TOTA	L Independent Expenditures			•	1 49- 1 49- 1 49- 1	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Signati	Ms. Emily Buchanan	[Electron	ically Filed] Date	11	02 / 2014	
Signati						

	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)  Woman Speak Out DAC						
Women Speak Out PAC	C C00530766					
Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee	Date of Public Distribution/Dissemination					
Krystal A Wilson	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 448 Judson Dr	Amount					
City State	e Zip Code 1.50					
Wake Forest NC	Transaction ID: 47015127-acd2-44d2-9 Date of Disbursement or Obligation					
Purpose of Expenditure Mileage	Category/ Type 002 10 10 30 / Y Y Y Y Y					
Name of Federal Candidate	Support Office Sought: House District: 00					
Ms. Kay Hagan	Oppose President Senate State: NC					
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶					
Full Name of Payee	Date of Public Distribution/Dissemination					
Mailing Address	Amount					
City Stat	e Zip Code					
	Date of Disbursement or Obligation					
Purpose of Expenditure	Category/ Type					
Name of Federal Candidate	Support Office Sought: House District:					
	Oppose President Senate State:					
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	11228.61					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan Signature	[Electronically Filed] Date 11 02 2014					
Signaturo						

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